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DEPARTMENT OF HEALTH

OF

THE CITY OF NEW YORK

>

HAND BOOK OF INFORMATION

REGARDING THE

ROUTINE PROCEDURE

OF THE

DIVISION OF COMMUNICABLE DISEASES

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To help the law students — especially
those in the medical field — to keep up with
the latest developments in their field.

HAND BOOK OF INFORMATION REGARD- ING THE ROUTINE PROCEDURE

OF THE

DIVISION OF COMMUNICABLE DISEASES
OF THE DEPARTMENT OF HEALTH
CITY OF NEW YORK

SCOPE OF WORK.

Section 1. The Division of Communicable Diseases was established January 4, 1905. It exercises the following functions throughout the Greater City of New York.

- A. The sanitary supervision of tuberculosis.
- B. The conduction of the Tuberculosis Clinics and Boat Camps.
- C. The sanitary supervision of typhoid fever, cerebro-spinal meningitis, pneumonia, malarial fever, puerperal septicaemia, abortion and erysipelas.
- D. The administration of antitoxin and the performance of intubation in diphtheria.
- E. The conduction of the Diagnosis Laboratory, comprising (a) diagnostic examinations of specimens submitted by physicians, (b) the preparation of diagnostic outfitts, and (c) collection of specimens and supervision of supply stations in all Boroughs.
- F. Examination of convicted prisoners in the women's courts of New York City.

BOROUGH OFFICES.

Sec. 2. The Borough Offices of the Division of Communicable Diseases are located as follows:

Manhattan, Sixth Ave. and 55th St.. Tel 4900 Columbus.

Bronx, 3731 Third Ave. Tel. 1975 Tremont.

Brooklyn, Flatbush Ave. and Willoughby St. Tel. 4720 Main.

Richmond, Bay St., Stapleton. Tel. 440 Tompkinsville.

Queens, 374 Fulton St., Jamaica. Tel. 1202 Jamaica.

Diagnosis Laboratory, Sixth Ave. and 55th St.

Executive Office, Sixth Ave and 55th St.

Sec. 3. The staff of the Division is organized as follows:

Chief of Division.

Borough Chiefs.

Antitoxin, Tuberculosis and Typhoid Inspectors.

Chief Clerk.

Clerks.

Stenographers.

Disinfectors.

Superintendent of Nurses.

Supervising Nurses.

District Nurses.

Clinic Nurses.

Chiefs of Clinic.

Attending Physicians to the Clinics.

Assistant Attending Physicians.

Hospital Clerks.

Hospital Helpers.

Orderlies.

Domestics.

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Cleaners.

Assistant Director of the Diagnosis Laboratory.

Bacteriologists.

Bacteriological Diagnosticians.

Laboratory Assistants.

Laborers.

REGULATIONS APPLYING TO ALL EMPLOYEES.

Sec. 4. No physician or other employee of the Department of Health is to accept money or other gratuity for acting in any official capacity.

Sec. 5. Whenever an employee is absent, said employee is to telephone or telegraph the fact immediately to the Borough office. Within three (3) hours a written notification of absence (Form 21 C) is to be forwarded, stating cause—if illness, its nature is to be stated. Every employee is expected to keep on hand one or more of these blanks. On return to duty, the employee is to report in person at the Borough office, where a written application for leave is to be made out (Form 23 C), stating dates of absence inclusive, and, if cause was illness, including a physician's certificate.

Sec. 6. Every medical inspector is to give to the work of this Division at least three hours daily, except on Sundays and legal holidays. Nurses devote at least six hours daily to their work. Saturday being a half holiday by statute, three hours constitute a Saturday's work.

The hours of duty of all clerks, laboratory assistants, laborers, etc., are from 9 A. M. until 5 P. M., but an employee may be required to exceed those hours, if, in the opinion of his superiors, the neces-

sities of the service require it. The luncheon time of the clerks, stenographers, typists and all other employees on duty in the offices, is not to be longer than one hour and is to be taken only between the hours of 12 M. and 2 P. M.

Sec. 7. Every employee of the Department of Health keeps a daily record of his hours on duty, and nature of work performed. Clerks, stenographers, and laboratory assistants register hour of arrival and departure daily on the time clocks at each Borough office. All other employees, without exception, submit the regulation time sheet (Form 23A), showing hours on duty, etc. Each time sheet covers a period of ten days, and is to be submitted immediately on its completion.

Any employee of the Department of Health found to have tampered with the time clocks located in the various offices of the Department or to have altered or falsified the time cards attached thereto, will be subject to dismissal from the Department of Health of the City of New York without further warning.

Sec. 8. All current business in each Borough office is completed daily without regard to hours, before the office is closed or the clerks leave for the day.

Sec. 9. No information of any kind is given to the public except when authorized by the Chief of Division. The names of complainants are never divulged by anyone connected with the Department of Health.

Communications to co-ordinate branches of the city government are forwarded through the Executive Office.

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Sec. 10. The property of the Department of Health entrusted to the care of employees is to be kept in perfect order. Breakage or impairment is reported immediately, in writing, to the Chief of Division, with an explanation of the cause.

Sec. 11. All desks are to be kept in an orderly and cleanly condition.

All ink-wells to be cleaned and refilled in all offices as often as may be necessary, and at least once a week.

All pen-holders and pens are to be kept in a cleanly condition.

All typewriting machines are to be kept thoroughly clean, and in such condition that the typewritten matter will present a neat appearance and be plain and distinct.

Large blue blotters are to be provided where needed, and changed as soon as they become soiled or otherwise unfit for use.

No small calendars, advertisements, superfluous cards, and other unnecessary ornaments are to be hung up or posted on walls or partitions in the various offices.

Letter paper belonging to the Department of Health is to be used for Department of Health purposes only.

Desks and tables are to be cleared as far as possible at the close of business each day, and all roll-top desks closed.

All blanks and stationery are to be neatly stowed away in closets or cabinets for such purposes, and kept in a proper and careful manner.

No waste paper or other waste material to be thrown on floor; waste baskets are provided.

Each individual is held directly responsible for the condition of the desks and tables used by him, and is always to keep the same in a neat and cleanly condition.

All records, reports, correspondence and copies of correspondence connected with the work of the Division of Communicable Diseases are to be properly filed before the close of the day's work. In no instance are any such reports, records, correspondence, or copies of correspondence to be put into the drawers or pigeon-holes of desks.

Sec. 12. All new employees are vaccinated and undergo a physical examination. They are revaccinated from time to time.

Sec. 13. Any violation of the Sanitary Code coming under the observation of an employee of the Division is to be reported in writing.

Smoking and the drinking of intoxicating liquors during office hours are strictly forbidden.

Two weeks vacation is allotted to every person who has been in the employ of the Department longer than six months. This may be taken at any time between the first of May and the first of November, providing it causes no interruption of the work.

Every employee of the Division is expected to familiarize himself with all sections of this Handbook which apply to himself or his duties.

Toxicoid and other toxins should be
in bactericidal containers.

Sec. 14. BOROUGH CHIEFS.—The Borough Chief of each Borough is responsible for all work in connection with the supervision of communicable diseases and injection of diphtheria antitoxin in that Borough. He must submit and record the following reports:

Daily telephone report to the Executive Office before 9:15 A. M. each day, of the work of the Division, absences, etc., in the Borough for the preceding twenty-four hours; the number of new cases of tuberculosis, typhoid fever, cerebro-spinal meningitis, and erysipelas reported; and the number of renovations and fumigations for tuberculosis ordered.

Daily report of name, age and address of all new cases (dead and living) reported of typhoid fever, cerebro-spinal meningitis and erysipelas, to Division of Contagious Diseases of the Borough (Form 82 L) for printed school list. Also same information for all previously reported cases where diagnosis was later proven incorrect.

Weekly report to the Executive Office of the work of the Division (Form 230 L), to be used in compiling the weekly report of the Division to the Sanitary Superintendent. In a loose leaf record (124 L) are recorded the weekly reports of all inspectors, so that their work for the year can be seen at a glance.

Report to the Bureau of Records on Monday mornings, of the number of cases of each communicable disease reported (according to wards) (Form 183 L) during the previous week.

Inventory of stock of blanks on the fifteenth day of January, May and September, and report of same to the Executive Office.

Annual and semi-annual reports to the Chief of Division of work performed in the Borough.

Daily record (Form 21 LL) of number of new cases, cases in register, previously unreported dead cases, fumigations, and all other necessary data for each communicable disease.

There is kept posted on a bulletin board (a) the list of supply stations in the Borough; (b) a list of Sunday, holiday and night assignments of inspectors; and (c) all current orders, notices, etc.

All reports of cases of communicable diseases from private physicians, whether by postal or positive laboratory specimens, are to be acknowledged by letter (Forms 16 L and 129 L).

The Borough Chief must properly endorse and forward to the Executive Office all bills, requisitions, reports, applications for leave of absence, carfare and telephone bills, and immediately upon receipt of all goods, must sign and forward receipt for same (Form 288 L). He must forward a vacation schedule to the Executive Office by May 1st of each year.

He must keep a diary of the daily events, delinquencies, etc., occurring in his office or among those under him, and in making reports to the Chief of Division, specific facts, dates, etc., must be given. This diary will be inspected by the Sanitary Superintendent at intervals.

The answers to all letters received by the Borough Chiefs of each Borough and the various Chiefs of Clinics must be forwarded, together with such letters, memoranda, etc., for the signature of the Chief of Division, the copies of the answers being filed in the Borough offices.

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REGULATIONS APPLYING TO INSPECTORS AND NURSES.

Sec. 15. Every district inspector and district nurse must submit a daily report of work performed (Inspectors, Form 108 L; Nurses, Form 259 L), which is to be mailed to the Borough office by 6 P. M. each day. Such reports are filed in the respective Borough offices.

Each inspector and nurse must wear the badge furnished by the Department, while performing their duties.

Unless otherwise specifically stated, all assignments require that the inspector or nurse visit premises in person. Information obtained by telephone is not to be submitted as a report of an inspection.

ROUTINE PROCEDURE—EXECUTIVE OFFICE.

Sec. 16. The Chief Clerk of the Division is responsible for the proper performance of the following routine work:

REPORTS.

A daily report to the Sanitary Superintendent before 10 A. M., giving a list of employees absent and returned to duty, with their official titles, date of first absence and cause; a census of the tuberculosis patients at Otisville and Riverside Sanatoria and the boat camp, number of new and old patients attending tuberculosis clinics and boat camps during preceding 24 hours, number of tuberculosis renovations and fumigations, and any other facts worthy of special note (Form 185 L).

A weekly report every Wednesday to the Sanitary Superintendent of the work of the Division (Form 13 L), compiled from the weekly reports of the Borough Chiefs, Chiefs of Clinics, Superintendent of Nurses, and the Assistant Director of Diagnosis Laboratory. The complete report for each week is copied in a loose-leaf record (Forms 98, 102, 103, 111, 112, 116, 117, 119 L).

Similar quarterly, semi-annual and yearly reports are submitted to the Sanitary Superintendent giving the figures compiled from the weekly reports during those respective periods.

A monthly pay-roll is forwarded to the Sanitary Superintendent on the 20th of each month giving the name, title, and current salary of every employee on active duty in the Division.

The daily reports submitted by the Borough Chiefs of each Borough, showing the number of cases of communicable diseases reported during the preceding twenty-four hours as compared with the corresponding date of the previous year, are kept on file.

Sec. 17. **BILLS.**—(a) All records of requisitions, orders and bills are filed in large manila envelopes (Form 118 F). All requisitions are made out in the Executive Office. After being signed by the Chief of Division, they are forwarded to the Sanitary Superintendent. If approved, a notice to that effect is forwarded by the Chief Clerk of the Department of Health and is filed in the above-mentioned envelope, with a duplicate of the requisition. When the order is issued a copy is also sent to the Executive Office of the Division. When goods have been delivered

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and accepted, a receipt (Form 228 L) is to be forwarded immediately to the Executive Office. Consigners are required to submit their bills in triplicate, accompanied by the original order. A "received" stamp is placed on the back of all three bills, and they are signed by the employee accepting the goods. One copy of the bill is placed in the large envelope (thus completing the record), and the other two copies are stamped with a "certification" stamp, signed by the Chief of Division, and forwarded to the Chief Clerk of the Department of Health. The envelope record is cross-referenced by means of an alphabetical card index, one according to consignors' names, and the other according to articles ordered. Employees receiving bills are held responsible for the proper fulfillment of the order.

A requisition is forwarded on the first of each month for the regular current expenses of the Division:—ice, express charges, druggists' carfares, repairs to antitoxin and intubation instruments, blood for the preparation of culture media, carfare expenses of employees, etc. A list of those employees who are entitled to submit carfare and telephone bills is also given.

Sec. 18. CARFARE BILLS.—Certain employees of the Division who spend money for carfare while engaged in the performance of their official duties, are reimbursed by the Department. Each 5c. item spent for carfare is accounted for by giving points to and from which the car was taken. No carfare is allowed between the employee's house and the Borough office of the Department. Intersecting points and not house numbers must be given. Unintelligible abbreviations

must not be used. Nurses must not charge the first and last fare of the day. At the end of each month the nurses sign and swear to their monthly bills in the respective Borough offices.

The carfare bills (Forms 243 and 244 L) are made out in duplicate, signed and sworn to by the employee, certified by his or her superior officer, and forwarded to the Chief of Division by the 5th day of each month. A record is kept of the amount, date of receipt and date of forwarding of each employee's bill.

All bills are then certified to by the Chief of Division and forwarded to the Chief Clerk of the Department of Health. When the bills are paid, the checks are sent to the Superintendent of Nurses, who distributes the money, obtains receipts from the employees, and keeps records of such payments.

Collectors are paid their carfare in advance from a special fund of \$500 provided for that purpose. Their bills must be approved by the Assistant Director of the Diagnosis Laboratory. At the end of each month they submit sworn vouchers, showing how money was used. These vouchers are submitted in lots of \$500 by the Chief of Division.

Sec. 19. RECORDS, BLANKS, ETC.—Each of the blanks, circulars, leaflets, envelopes, record books, etc., has a form number by which it is known, the letter "L" placed after each number indicating the Division of Communicable Diseases. Two "L's" indicate a bound record. A complete record is kept of each blank on the outside of large manila envelopes (Form 115 L) filled serially, showing the date and amount of all special and annual

The annual requisition for
blanks, stationery, etc., is forwarded to the Chief Clerk of the Department of Health on the first of July of the preceding year.

requisitions, date of proof, receipt, and the date the printed matter was received. The stock on hand at the end of every four months is also shown. The envelopes contain three of the latest samples of each form. A card index, arranged according to subjects and titles, is also used as a cross reference.

The annual requisition for blanks, stationery, etc., is forwarded to the Chief Clerk of the Department of Health on the first of July of the preceding year. The form number, description, estimated amount used monthly, and the number needed for each Borough are stated. Three samples of each form ordered must be forwarded with the requisition.

Sec. 20. MISCELLANEOUS.—All notifications of absence and applications for leave of absence, after having been properly endorsed by the official immediately superior to the absent employee, are signed by the Chief of Division and forwarded to the Sanitary Superintendent.

Carbon copies of all correspondence, reports, etc., are filed according to subjects and cross referenced by means of a card index of names and addresses. Every report, complaint, etc., of which there is no carbon copy is journalized before being forwarded.

Communications to co-ordinate branches of the city government are forwarded through the Executive Office to the Sanitary Superintendent.

A record of the character and efficiency of every employee on the classified list is kept, pursuant to the requirements of the Municipal Civil Service Commission, in a book furnished by that Commission.

SANITARY SUPERVISION OF COMMUNICABLE DISEASES.

Sec. 21. The Department of Health exercises sanitary supervision of pulmonary tuberculosis, typhoid fever, cerebro-spinal meningitis, pneumonia, malaria, puerperal septicæmia and erysipelas, by virtue of the following sections of the Sanitary Code (Form 3 C).

Sec. 22. San. Code, Sec. 133. It shall be the duty of every physician to report to the Department of Health, in writing, the full name, age and address of every person suffering from any one of the infectious diseases included in the list appended, with the name of the disease, within twenty-four hours of the time when the case is first seen.

- A. Contagious (very readily communicable).....
- B. Communicable.....typhoid fever.....
tuberculosis (of any organ).....epidemic
cerebro-spinal meningitis.....puerperal septi-
cæmia, erysipelas.....
- C. Indirectly communicable (through intermediary host).....malarial fever.

Sec. 23. San. Code, Sec. 134. It shall be the duty of the commissioners, or managers, or the principal, superintendent or physician, of each and every public institution or dispensary, in this City, to report to the Department of Health, in writing, full name, age and address of any person suffering from any one of the infectious diseases included in the list appended, with the name of the disease, within twenty-four hours of the time when the case was first seen:

- A. Communicable: Influenza, lobar pneumonia,
broncho-pneumonia.....

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Sec. 24. San. Code, Sec. 135. It shall be the duty of every physician to report forthwith, in writing, to the Department of Health, the death of every person who dies from, or while suffering with, any infectious disease, and to state in such report the specific name and type of such disease.

Sec. 25. San. Code, Sec. 136. It shall be the duty of every keeper of any boarding house or lodging house, and the proprietor of every lodging house or hotel, to report forthwith to the Department of Health all the known facts in regard to any person ill, in any house or hotel under his or her charge, and suffering from any one of the following infectious diseases:tuberculosis.

Sec. 26. San. Code, Sec. 137. It shall be the duty of every person having knowledge of the existence of any person afflicted with any one of the following infectious diseases.....tuberculosis.....who he has reason to think requires the attention of the Department of Health, to at once report to the Department all the facts in regard to the disease; and no person shall interfere with or obstruct the entrance, inspection or examination of any building or house, or the occupants thereof, by the inspectors and officers of this Department, when any case of one of the infectious diseases above specified has been reported as existing in such house or dwelling; nor shall any person interfere with or obstruct, mutilate or tear down any notices of this Department posted in or on any premises in the City of New York.

Sec. 27. San. Code, Sec. 138. It shall be the duty of the commissioners or managers, or the principal, superintendent or physician of each and every public

or private institution or dispensary in this City to report to the Department of Health, in writing, or to cause such report to be made by some proper and competent person, the name, age, sex, occupation and latest address of every person afflicted with tuberculosis, who is in their care or who has come under their observation, within one week of such time. It shall be the duty of every person sick with this disease and of every person in attendance upon any one sick with this disease, and of the authorities of public or private institutions or dispensaries, to observe and enforce all the sanitary rules and regulations of the Board of Health for preventing the spread of pulmonary tuberculosis.

Sec. 28. San. Code, Sec. 139. Whenever an inspector of this Department shall report in writing that any person sick of any infectious disease, under such circumstances that continuance of such sick person in the place where he or she may be, is dangerous to the lives of other persons residing in the neighborhood, the sanitary superintendent.....upon the report of the medical inspector of the Department, may cause the removal of such sick person to one of the hospitals under the charge of this Department or to a hospital delegated by the Board of Health.

Sec. 29. San. Code, Sec. 144. Every owner, lessee, tenant, and occupant of any dwelling or apartment in the City of New York shall forthwith report to the Department of Health, in writing, the removal of any person from such dwelling or apartment who shall be suffering from any of the following infectious diseasestuberculosis (of any organ).

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Sec. 30. Resolution of the Board of Health,
March 30, 1910:

"It is hereby ordered that every physician having cases of pulmonary tuberculosis under his care be required to notify the Department of Health on cards sent to him for that specific purpose each month, of any change of address of such patient, with the exception of those living in private houses, in order that the premises vacated may be properly disinfected by the Department.

"And further ordered that every physician be required to notify the Department of Health in the same manner whenever a case of pulmonary tuberculosis passes from his professional care, or fails to observe the necessary sanitary precautions, in order that the Department may assume surveillance of such case."

Sec. 31. REGISTRATION.—All cases of pulmonary tuberculosis, typhoid fever, and cerebro-spinal meningitis, occurring in the City of New York, are registered at the Department of Health; and all necessary steps taken to render that registration as accurate and complete as possible.

Sec. 32. All persons (or the families of such persons) suffering from those diseases are furnished instructions as to the measures to be taken to prevent their spread.

Sec. 33. Bedding, etc., used by persons suffering from those diseases is disinfected. All premises which have been occupied by persons suffering from pulmonary tuberculosis or cerebro-spinal meningitis, on termination of the case in any manner, are fumigated with formaldehyde, or renovation is ordered.

Sec. 34. Charitable assistance or hospital care is provided so far as is possible for all cases wishing or requiring such assistance or care.

The general public is educated as to the nature of the above diseases, the precautions to be taken against their spread, the advisability of institution and sanatorium treatment, etc.

TUBERCULOSIS.

Sec. 35. ORGANIZATION OF THE WORK.—The sanitary supervision and care of pulmonary tuberculosis by the Division of Communicable Diseases is organized as follows:

EXECUTIVE OFFICE OF THE CHIEF OF DIVISION.

BOROUGH OFFICES.—At these offices are registered all cases of pulmonary tuberculosis reported in the Boroughs, and from them all cases are assigned for investigation.

TUBERCULOSIS INSPECTORS.—Attached to each Borough Office are one or more tuberculosis inspectors, whose principal duty is the diagnosis of suspected cases of tuberculosis.

TUBERCULOSIS CLINICS AND CLINIC DISTRICTS.—(a) Executive Office of Tuberculosis Clinics, 55th Street and Sixth Avenue, Manhattan.

(b) Local Clinics and Clinic Districts.

Each Borough is divided into one or more tuberculosis clinic districts, as follows:

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Manhattan	19
The Bronx	2
Brooklyn	6
Queens	1
Richmond	1

In each district is a tuberculosis clinic, with a staff of physicians, clinic nurses and district nurses. Each clinic cares for all patients from its own district, and acts as local headquarters for the district nurses of the Department of Health. (In Manhattan and Brooklyn the tuberculosis clinics form Associations of Tuberculosis Clinics. In Manhattan three of the clinics are maintained by the Department of Health. The remainder are maintained by the large general hospitals, etc., and do their own district visiting. In Brooklyn the Department of Health maintains three of the six clinics, but does the district nursing for all.) All tuberculosis clinics in The Bronx, Queens, and Richmond are maintained by the Department of Health.

(c) **Clinic Auxiliaries:** Associations for rendering necessary charitable aid to patients of the tuberculosis clinics of the Department of Health.

NURSING STAFF.—(a) Executive Office of Superintendent of Nurses.

(b) One or more "supervisors" are detailed to each Borough, having under them:

(c) The "captains" of the district nurses (one in each clinic district), and

(d) District nurses. Each clinic district is further subdivided into sub-districts, to each of which a district nurse is assigned. These nurses make their

headquarters at the local tuberculosis clinic and receive all assignments there.

TUBERCULOSIS HOSPITAL ADMISSION BUREAU, 426 FIRST AVE., MANHATTAN.—For admission of all cases of pulmonary tuberculosis to hospitals and sanatoria. Maintained jointly by the Department of Charities, the Department of Health, and Bellevue and Allied Hospitals.

BOAT CAMPS.—For care of suitable cases living at home. Manhattan, foot of East 91st Street. Brooklyn, foot of North 2nd Street.

Sec. 36. NOTIFICATION OF CASES OF PULMONARY TUBERCULOSIS.—The Department of Health is notified, by law, of all cases of pulmonary tuberculosis occurring in the City of New York and all necessary steps taken to render that notification as accurate and complete as possible.

Cases of tuberculosis are reported to the Department of Health by:

Private physicians: (1) On postal cards furnished; (2) by the forwarding of specimens of sputum for examination.

Institutions report their cases as follows: (1) Hospitals report by telephone daily through the Tuberculosis Hospital Admission Bureau, which in turn reports the cases to the Borough offices of the Department of Health.

(2) Tuberculosis Clinics: The City of New York is divided into twenty-nine districts, in each of which there is a tuberculosis clinic.

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Each clinic is visited daily by the tuberculosis nurses of the Department of Health assigned to that district. All new cases seen at the clinic are reported daily to one of these nurses known as the Captain of the district, and she in turn reports the cases to the local Borough office of the Division of Communicable Diseases.

Note: To facilitate the collection of this information and obviate delay, confusion and error, special record books are furnished to each institution (23 LL).

(3) Sanatoria: Cases are reported by mail on blanks furnished for that purpose (209 L), to the Hospital Admission Bureau, which in turn reports to the Borough office of the Department of Health.

Deaths from tuberculosis are reported by the death certificates forwarded by the attending physician to the Bureau of Records, of the Department of Health, and then entered on a daily death list (78 L), which is forwarded to the Borough office.

Complaints from lay individuals or organizations, and by employees of the Department of Health and other branches of the City government.

Sec. 37. REGISTRATION AND PROCEDURE AT BOROUGH OFFICES.—Cases of pulmonary tuberculosis reported to the Department of Health are registered and filed as follows: (All cases in each Borough are filed in the local Borough office, and the titles of all cards are typewritten.)

Sec. 38. RECORD FILE.—Each case has its record card (43 L) on which are entered: (1) The name, age, first address, sex, marital state, occupation, na-

tionality, date of first report, result of sputum examination if any, annual record number and Borough, and by whom the case was first reported; (2) all subsequent reports from sources outside the Department of Health and all subsequent addresses, admissions to and discharges from institutions, complaints, etc.; (3) all reports, records of visits, and recommendations of nurses and inspectors of the Department of Health; and (4) records of every official action taken by the Department of Health. These record cards are filed according to name in one file, the only ones removed being the dead cases, as they occur, and cases not found at the address given and no subsequent report of which is received in two years. These latter are filed in an "inactive" file.

With the record cards are filed the history cards, giving the information obtained by the nurses and inspectors of the Department of Health as to (a) the house; (b) the home, or rooms occupied by the patient or his family; (c) the family; (d) the economic conditions; and (e) the patient—physical condition, precautions observed, treatment, etc. (These cards are also used in the tuberculosis clinics of the Department, and have on the reverse, space for records of subsequent visits paid by nurses to clinic patients. But in the Borough offices all records of subsequent visits are entered on the record card as above stated.)

Sec. 39. HOUSE FILE.—Every case of tuberculosis reported is also entered on a house card (Form 95 L). All subsequent cases reported from that address are recorded on the same card. If not found at the address given that fact is noted later in column "Loca-

— work one, this week, should be —

tion of Apartment." In private physicians' cases the physician's report is accepted and the case entered on the house card without verifying the address. In cases reported by non-Department clinics, the nurses of that clinic obtain the desired information regarding the house and forward it on a special card (Form 159 L). On the house card are entered: (1) The street and number, the Borough, the number of stories in the house, the material of which it is built, if built before or after 1901 (the year the new tenement law went into effect); its condition, and its character (tenement, private house, hotel, etc.), and the number of cases of tuberculosis reported from the house prior to 1910 (the year the house file was begun). All this constitutes a permanent record of the house itself; (2) the name of every patient reported from that house since January 1, 1910, the date case was reported, record number, location and number of rooms, how long patient had been in house, date patient's family left house, what disinfection was performed, and of what rooms, where family moved to, and date of death or recovery of patient. All living cases in register on January 1, 1910, have been entered in this file. These cards are filed according to address and take the place of the house maps which (in Manhattan) had been maintained for the previous 15 years. Not only are the records of great value in furnishing evidence that a given house (or rooms in that house) is dangerous to live in, but they also serve to identify patients. Many foreigners are reported under different names from different sources, and can only be identified by such an index as this. When it is ascertained that a house has been torn down, this fact is entered on

card and a new card started when a new case is reported from the new house.

Sec. 40. GENERAL ROUTINE.—On receipt of report of a case, from whatever source, a tally card (Form 126 L) is first made out, and the case is then searched for in the record and house files; if found to have been previously reported, the record number and year are entered on the tally card, and the facts given in the report on the record and house cards. If not found in the record file it may be found in the house index, where it may be under a different or differently spelled name. If a new case, a record card (Form 43 L) is made out from the tally card and filed awaiting report of nurse. With the exception of those cases reported by private physicians and by non-Department of Health Tuberculosis Clinics in Manhattan, all cases, whether new or old, are then assigned to nurses to visit (1) to obtain a history and keep under observation; (2) to order the necessary disinfection, or (3) to investigate complaints. The above mentioned tally card is given to the telephone operator who assigns the case to the Captain of the district nurses of the district in which the patient lives, and she in turn assigns the case to the proper nurse.

Sec. 41. TALLY FILE.—In each Borough office a tally is kept of all such assignments, a separate file being kept for each of the twenty-nine clinic districts in the city. On the tally card (Form 126 L) are entered the name and address of the patient, the date and by whom the case was reported, its nature, to what clinic district assigned, for what purpose, and date report is due. After the case has been assigned

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to the District Captain, the card is filed in the tally file of that district. If no report is received by date due, the case is re-assigned to the nurse for immediate investigation and report. In all cases where the nurse will revisit the case, she gives on her daily report the date such visit will be made; it is entered on tally card, which is then refiled accordingly.

Sec. 42. All reports by nurses on all cases assigned to them are reported by the district nurses on their daily reports (Form 259 L). These are mailed by 6 P. M. On receipt at the Borough office the following morning they are first compared with the tally file, and all corresponding tally cards either destroyed, or refiled under the date on which nurse states she will revisit patient. All recommendations made by the nurses on their daily reports are then noted; those for admission to hospital are referred by telephone to the Hospital Admission Bureau; those for charitable aid are referred by the Borough office to the Executive Office of the Division of Communicable Diseases by card (42 L) and thence by telephone and double postal card (Form 81 L) to the Charity Organization Society, Association for Improving the Condition of the Poor, United Hebrew Charities, Brooklyn Bureau of Charities, etc., a card index being kept of all such recommendations and results obtained, as shown by return postal.

The report on each case is then copied from the daily report on the record card of the case, and the daily report cards are then forwarded to the office of the Superintendent of Nurses for the preparation of her weekly report. They are eventually returned to and filed in the Borough office.

CLASSIFICATION OF CASES.—The above described procedure varies somewhat with the character of the case, as follows:

Sec. 43. *Cases reported by private physicians, with request that they be not visited by nurses.*—These cases are assigned to nurses, not to visit, but "for information only."

The receipt of every such report is acknowledged by letter (Form 16 L), calling the attention of the physician to the regulation of the Department of Health requiring a monthly report of any changes of address or discontinuance of treatment, and enclosing a circular of instruction, which (or its equivalent) the physician is requested to give to the family of the patient or the patient himself.

Once a month information is obtained from the physician and entered on the record card of the patient, as to whether his patient still lives at the address given, and if not, where. When such report is not received from the physician or the case is no longer under the physician's care, a nurse visits the patient.

Sec. 44. *"At Home" cases, not under the care of (a) a physician or (b) a non-Department Tuberculosis Clinic having its own district nurses.*—These cases are assigned to nurses as previously described. If the patient is found by the nurse to live or to have lived at the address given, she forwards by mail in the addressed envelope furnished for that purpose (Form 91 L), a history card (Form 44 L) giving all necessary information regarding the case.

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On receipt of history card at Borough office, a new record number is given to the case if necessary and stamped on history card. All necessary facts from history regarding the house are then entered on house card, and the history card is finally filed directly behind the record card, the new record number being entered on the latter.

Sec. 45. Cases of tuberculosis attending non-Department Tuberculosis Clinics doing their own district nursing.—Cases of tuberculosis attending Gouverneur, Good Samaritan, New York, Bellevue, St. Bartholomew's, New York Throat and Nose, Flower, German, Presbyterian, Mt. Sinai, Harlem, St. Luke's, Vanderbilt, the New York Hospital, Morgagni, and St. Vincent's Tuberculosis Clinics are not visited as they are kept under observation by the nurses of these dispensaries. All cases reported by them are assigned to the Department district nurses "for information" only.

The above clinics forward the information necessary to complete the house cards of their cases, on a small blue card (Form 149 L). This is delivered to the Department district nurse and mailed to the Borough office. On its receipt the facts are entered on house card.

Sec. 46. "Not Found" Cases.—When a nurse states on daily report that no record can be found of a case at the address given, that fact is noted on record and house cards, and the case is assigned to another nurse for re-inspection. When such a "not found" case is subsequently reported from another address, that fact must be reported to the original clinic district, in order that the nurse of that district may

remove case from her card index. At the end of two years the record cards of such cases that have not been subsequently reported are removed from the record file and filed in an "inactive index." A daily record is kept of the number of "not found" cases reported.

Sec. 47. Dead Cases.—All deaths from tuberculosis occurring during the preceding twenty-four hours are reported to the Borough office by the Bureau of Records on a special list (Form 78 L). The record card is stamped "Dead," and the case is assigned to the district nurse by telephone to order the necessary disinfection, etc. On receipt of nurse's report that disinfection has been attended to, the record and history cards are removed from the record file, all facts entered on record and house cards, and the record and history cards are filed in a separate dead file. A record is kept of the number of previously unreported dead cases. In all previously unreported cases where the physician signing the death certificate had been in attendance one week or more, a letter (Form 25 L) is written to said attending physician calling his attention to the violation of the Sanitary Code and requesting an explanation.

Should no answer be received within two weeks to two such letters, a letter is sent, by a sanitary police man, demanding an explanation on pain of prosecution.

All deaths from pneumonia and from bronchitis in persons under fifty are compared with the tuberculosis records. If the case is found to have been previously reported during life as a case of tuberculosis, the inspector visits the physician who signed the death

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certificate, obtains an explanation of the apparent discrepancy, and submits a report on special blank (Form 3 L). The same is done in all cases of tuberculosis reported as having died from some other cause. The Bureau of Records is also notified of any change of diagnosis.

Sec. 48. *Cases Admitted to Hospital.*—As in dead cases, these cases are at once assigned to the district nurse to order the necessary disinfection, and the facts are entered on record card on receipt of nurse's daily report. The families of these cases are kept under observation by the district nurses, and reports submitted at intervals, to be entered on record card.

Sec. 49. *School Children.*—Children suffering from pulmonary tuberculosis are excluded from and readmitted to school by the Division of Child Hygiene only on receipt of a special recommendation (Form 83 L), signed by the Chief of Division of Communicable Diseases. In all reported cases of pulmonary tuberculosis in children under sixteen, a letter is written to the attending physician asking if child can safely be allowed to attend school. If no answer is received within ten days, a medical inspector visits and examines the child. If he recommends exclusion from school his report (on history card) is forwarded to the Chief of Division, who recommends on a special card (Form 83 L) to the Division of Child Hygiene that case be excluded. The same procedure is followed in all other cases, except those from Department of Health Tuberculosis Clinics. Only active "open" cases are excluded, with the exception of inactive cases attending boat camps.

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When nurses recommend on their daily report that a child suffering from pulmonary tuberculosis should be excluded from school, the case is assigned to medical inspector in the same way. In cases reported by tuberculosis clinics, the clinic is to be informed of the result of the inspector's visit.

Sec. 50. *Cases Reported as Living in Other Boroughs.*—These are reported daily to the office of the Borough in which they live, by telephone. When a patient moves to another Borough, a duplicate record card (Form 43 L) is made out and forwarded to the office of that Borough.

Sec. 51. *Suspected Cases and Complaints.*—All cases reported by lay individuals and organizations, and nurses, are classed as "suspected" cases, and are assigned to a tuberculosis inspector who reports results of physical examination and nature of ailment on history card. If a new case, the inspector also forwards a report postal, when a new record card is made out, a new number given, district nurse notified, case entered on house card, and record and history cards filed. Should there be a physician in attendance who has failed to report the case, he is visited by the inspector and a special report submitted (Form 3 L).

If not a case of tuberculosis, it is classed as "no case" and not entered in record file, history card being filed in letter file. All complaints by citizens (as to spitting, necessity for hospital treatment, etc.) are investigated by a tuberculosis inspector, who submits a history card with report. If there is a physician in attendance he is visited and requested to see that the nuisance is abated if one exists. Complaints by

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nurses or inspectors as to unsanitary conditions and recommending inspection are forwarded on special blank (Form 3 L). The report is journalized, approved by Borough Chief, and forwarded to Executive Office. If a tenement house, the complaint goes to Tenement House Department; if a one or two-family house, to the Division of Sanitary Inspection of the Department of Health.

SANITARY SUPERVISION.

Sec. 52. DISINFECTION.—Every case reported as having terminated at a given address (removals, previous addresses of new cases, deaths, admissions to hospitals, etc.) is at once assigned by telephone to the district nurse, who recommends the necessary renovation, fumigation and disinfection of the rooms and bedding, such recommendations being noted by daily report. Only such furniture is taken away and destroyed which has upholstered attachments that served as bedding. Clothing is also disinfected on request.

Sec. 53. According to the condition of the premises the nurse may recommend: (a) That nothing need be done; this is most exceptional, only holding good for very recently renovated apartments and those where the patients only spent one or two nights on the premises; (b) that the whole apartment or the room occupied by the patient be fumigated with formaldehyde. (This is to be ordered only when renovation cannot be ordered, because of the family remaining on the premises, etc.); (c) that the patient's room be thoroughly renovated; the walls washed and rekalsonined, repapered or repainted, and the

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woodwork and floors be washed and repainted (d) that the whole apartment be renovated. Renovation of the premises (washing of floors and woodwork with antiseptic solution, repapering, painting and kalsomining) is recommended on a complaint blank (Form 47 L), which is mailed by the nurse to the Borough office. After being approved by the Borough Chief, journalized (Form 19 LL), and the facts noted on house card, it is forwarded to the Assistant Sanitary Superintendent of the Borough for enforcement. Where cancellation, extension of time or modification of order is asked for, the original order is sent to the Supervising Nurse of the district who enters the results of reinspection on same, and on attached application states whether it should or should not be granted. The papers are then returned to the Assistant Sanitary Superintendent.

When there is reason to believe that renovation will be evaded, and in every case where the premises are vacated by the death or removal of the patient and renovation has been ordered, the nurse must placard the door of the apartments with a poster (Form 113 L).

The premises are visited three days later by a sanitary policeman. When owner or agent voluntarily performs renovation, that fact is reported and the nurse revisits the house at short intervals until work is done, a yearly record being kept of the number of such voluntary renovations.

Sec. 54. Fumigation with formaldehyde and disinfection of bedding is ordered by the nurse on a card (Form 232 L), on which is stated number and size of

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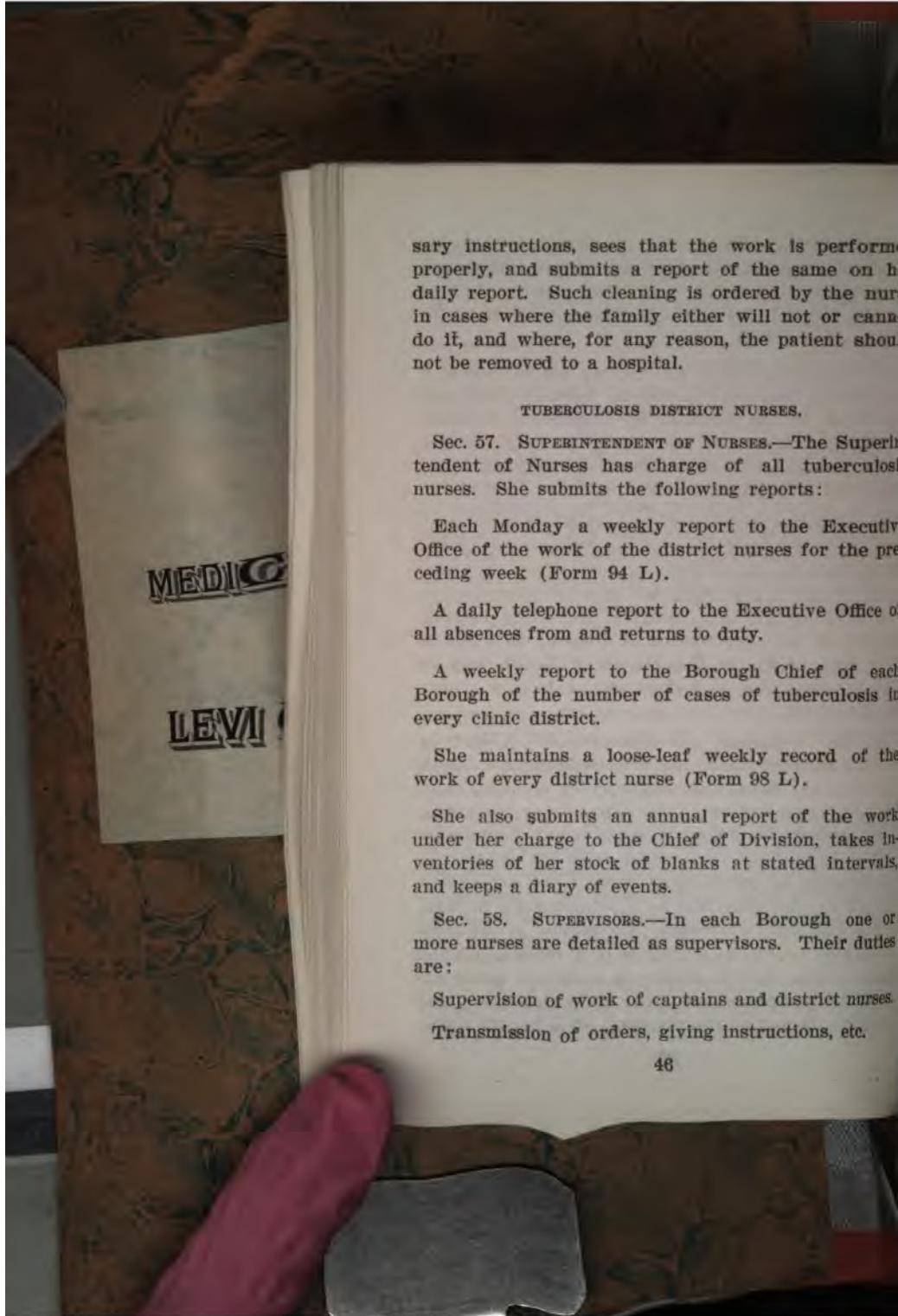
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rooms, date fumigation is to be performed, number and kind of articles to be removed and disinfected, and whether they are to be returned or not. If premises are ordered fumigated the reason is stated on the reverse of the card.

All fumigation orders for the day are entered in a Disinfection Journal, approved by Borough Chief, and forwarded to the Division of Contagious Diseases. Fumigation orders are not forwarded until the day before fumigation is to be done. All bedding is returned in twenty-four hours.

Sec. 55. In cases under the care of private physicians, with the exception of those in tenement houses, disinfection can be carried out under the supervision of the attending physician, but he must submit a certificate (Form 117 J). Lodging houses are not disinfected by the Department of Health, such houses being licensed by the Department of Health only on condition that efficient disinfection be done as a matter of routine.

Sec. 56. CLEANERS AND SCRUBWOMEN.—A staff of cleaners or scrubwomen has been established to wash and clean the floors and woodwork of premises occupied by persons suffering from pulmonary tuberculosis. These cleaners are under the authority of the Superintendent of Nurses. At present four are on duty in the Borough of Manhattan. Should the experiment prove a success more will be appointed, both in Manhattan and other Boroughs. On receipt at the office of the Superintendent of Nurses of a recommendation from a nurse that a cleaner be sent to a given address, arrangements are made by which the nurse meets the cleaner on the premises, gives her the neces-



sary instructions, sees that the work is performed properly, and submits a report of the same on her daily report. Such cleaning is ordered by the nurse in cases where the family either will not or cannot do it, and where, for any reason, the patient should not be removed to a hospital.

TUBERCULOSIS DISTRICT NURSES.

Sec. 57. SUPERINTENDENT OF NURSES.—The Superintendent of Nurses has charge of all tuberculosis nurses. She submits the following reports:

Each Monday a weekly report to the Executive Office of the work of the district nurses for the preceding week (Form 94 L).

A daily telephone report to the Executive Office of all absences from and returns to duty.

A weekly report to the Borough Chief of each Borough of the number of cases of tuberculosis in every clinic district.

She maintains a loose-leaf weekly record of the work of every district nurse (Form 98 L).

She also submits an annual report of the work under her charge to the Chief of Division, takes inventories of her stock of blanks at stated intervals, and keeps a diary of events.

Sec. 58. SUPERVISORS.—In each Borough one or more nurses are detailed as supervisors. Their duties are:

Supervision of work of captains and district nurses.

Transmission of orders, giving instructions, etc.

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Investigation and rectification of all faulty reports
(daily reports, renovation orders, history cards, etc.)

Visiting the various tuberculosis clinics, inspecting
nurses' card indices, etc.

Each supervisor has charge of one or more clinic
districts, and submits a daily report (Form 259 L) to
the Superintendent of Nurses.

Sec. 59. CAPTAINS OF CLINIC DISTRICTS.—Each
Borough is divided into as many districts as there are
tuberculosis clinics in the Borough, one or more nurses
being assigned to each district. Where two or more
nurses are assigned to a district, each is given a sub-
district, one of them being detailed as the "Captain"
of the clinic district. The clinic districts in the vari-
ous Boroughs are as follows:

Sec. 60. MANHATTAN DISTRICTS.—(1) Harlem; (2)
St. Luke's; (3) Vanderbilt; (4) Department of
Health, West; (5) New York Hospital; (6) St. Vincent's;
(7) Morgagni; (8) New York Dispensary; (9)
Gouverneur; (10) Good Samaritan; (11) Department
of Health, East; (12) Bellevue; (13) St. Bartholo-
mew's; (14) New York Throat and Nose; (15)
Flower; (16) German; (17) Presbyterian; (18) Mt.
Sinai; (19) Department of Health, Italian.

BRONX.—(1) Department of Health, Northern;
(2) Department of Health, Southern.

BROOKLYN.—(1) Department of Health Boat; (2)
Eastern District Dispensary; (3) Department of
Health, Main; (4) Long Island College Hospital;
(5) Bay Ridge; (6) Department of Health, Brown-
sville.

QUEENS.—(1) Department of Health.

RICHMOND.—(1) Department of Health.

Sec. 61. DUTIES OF THE DISTRICT CAPTAIN.—captain, in addition to caring for all patients in own sub-district and performing the ordinary du of a district nurse, performs the following functio

At a stated hour each day she calls at her tu crosis clinic and obtains the names and addresses all new cases of tuberculosis first seen or diagnosed the clinic at its last session, all discharges, transf changes of address, deaths, failures by clinic nu to find the patients at address given, and rec mands by the clinic for the admission patients to hospital, etc.

Sec. 62. All these data are entered on one page an institution tuberculosis journal (Form 23 LL). I teen minutes later the captain is called on the phone by the local Borough office of the Division Communicable Diseases and transmits all informat received from clinic. The telephone operator at Borough office in turn gives her (1) all facts relat to cases of tuberculosis in that clinic district wh have been reported to the Department of Hea during the preceding 24 hours; (2) all new assi ments for the district nurses of her clinic district (supervision, for disinfection, to be referred to clinic, etc., etc.). All data are entered on the op site page of the journal above referred to. The te phone operator gives the name and address of caser, the source of report and address, the nature the case, and whether it is "new" or "old." If latter, he also gives the record number and year,

The usual form of book should be carried in
the pocket, the address stamped below.

The captain then transmits the information and assignments just received to the proper district nurses (who also report at the clinic fifteen minutes after the hour for telephoning) to be entered in their diaries.

The daily journal is then turned over to the clinic nurse until the next day for her information regarding any clinic cases that may be on the list.

In addition to the above, the captain is charged with general supervision of the work of the nurses in her district. She reports all absences and returns to duty of the district nurses to the Superintendent of Nurses. Her most important function is acting as the intermediary between the clinic, the district nurses and the Department of Health. She exerts herself in every way to promote the interests of her clinic and sees that all facts are reported to it and all its requests promptly attended to. Should the clinic nurse ask for assistance in her visiting work, it is given if possible. Only by the most cordial sympathy and co-operation can good results be obtained.

Sec. 63. DISTRICT NURSES.—All district nurses should thoroughly familiarize themselves with all sections of the Hand Book of the Division of Communicable Diseases (Form 202 L) which pertain to their work. They should also be familiar with the system of registration of tuberculosis at the Borough offices.

Every district nurse is expected to be on duty at least six hours daily, exclusive of one hour for luncheon (Saturdays, three hours daily). The Department badge is worn when on duty.

All records, cards, reports, etc., are written in
All fumigation cards, renovation orders, special
ports, index cards, etc., are written at home on
turn from day's work.

(What follows applies to the district nurses in
Boroughs. In Manhattan, since the majority of
tuberculosis clinics are private institutions not
connected with the Department of Health, and do their
own district visiting, the procedure is modified.)
A tuberculosis district nurse is responsible for the sanitary
supervision of all cases of tuberculosis in her
sub-district. In cases under the care of private physi-
cians or where supervision is delegated by the Dep-
artment of Health to other tuberculosis clinics, as
in Manhattan, the nurse's duties are confined to keep
a record of the case and from time to time ascertaining
if patient is still on the same premises and under
the same medical care.

Every district nurse keeps the following records
of the cases of tuberculosis in her sub-district.

Sec. 64. DIARY.—Every district nurse keeps a diary
in which she enters all new assignments and information
received daily from district captain, and also
enters ahead her future visits.

Sec. 65. CARD INDEX OF ALL CASES IN DISTRICT.
Every district nurse keeps in the cabinet at her clinic
a complete and up-to-date card index of all cases of
tuberculosis accredited to her district either (a) as
living there, (b) as having left a family or given
an address in that district on entering a hospital
or sanatorium, or (c) as having given as their late
address one in the district at which they were last
found.

To accept this, this book should be returned or before the date last stamped below.

On the card used (Form 126 L) are entered the character of the house, the name, age and address of the patient, date and by whom reported (if by a private physician his address is also noted) and finally the class and date of the case are clearly and fully given. The classification is as follows: Class I. Under care of private physicians. II. Under care of clinics. III. In city hospitals. IV. Out of town or in sanatoria. V. Not found at address given. VI. At home and not under treatment by a physician or a clinic. The Borough record number and year are also given. Dates of visits, memoranda of patient's condition, etc., are not to be entered on the front of this card, but may be noted on the back if desired. The nurses' card Index is kept constantly up to date by means of the information received daily from district captain. New cards are made out for new cases, cards of dead cases are destroyed, cases admitted to hospital shifted to the proper section of the file, etc. This is done at the close of each day's work so that the files are always correct. Only one card is to be kept in the file for each case; all old cards, and those of dead and removed cases, being taken from the cabinet. Neat, clearly labelled guide cards are to be used, and each nurse's name is to be on the cabinet drawer. The cards are filed alphabetically in six classes (Sec. 67 to 76 inc.).

Sec. 66. As previously stated the new assignments are given to the district nurses by telephone from the Borough office. Should the information given be unsatisfactory the district nurse obtains the correct data through the district captain the following day. A report is expected on all new assignments within three days, and if not received, complaint is made by the Borough office to the Superintendent of Nurses.

CLASSIFICATION OF CASES IN NURSES'

Sec. 67. *Class I.* CASES UNDER THE CARE
VATE PHYSICIANS.—These cases are given to th
for "information only." They are entered in I
index and the locality visited to ascertain if
a house at the address given, and its character
private one-family house, tenement, etc. Fur
formation regarding these cases is obtained fr
physicians on a special card (Form 140 L),
month, as follows: At the close of each mon
district nurse fills out a new physicians' info
tuberculosis card (140 L) for every private case
card index, and forwards the cards to the I
office. From there they are mailed to the pt
with a stamped envelope for return. When re
the facts are entered on record card in Boroug
and the physician's card returned to the nu
appropriate action (filing in place of old card,
out a new index card [126 L], etc.). Should th
be not returned within fifteen days, the nurse
the premises and takes appropriate action.

Sec. 68. *Class II. (a)* CASES REPORTED BY I
MENT OF HEALTH CLINICS IN MANHATTAN AND
CLINICS IN OTHER BOROUGHS.

When a new case is reported by one of the
tuberculosis clinics as living in its district, t
rict nurse delays inspection twenty-four hours,
ing information from the Borough office as to w
the case is new or old. If old she is always
record number and year; if new she must obt
number from Borough office as soon thereaf
possible. When patient is visited two history
(Form 44 L) are filled out, one being mailed

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Borough office and one delivered at the clinic. (On clinic histories the clinic number and year are entered after name of patient, and *not* in upper right hand corner. The latter space is for the Borough record number and year alone.) As in "at home" cases the nurse visits every patient at least once a month, entering future visits ahead in her diary, and stating on her daily report (Form 259 L) the date visit was due, and the date next visit will be due. The day before a revisit is paid to a clinic case, the nurse obtains the history card from the clinic. The result of the visit is entered on reverse of said card and it is returned to the clinic within twenty-four hours. The pulse and temperature are taken and recorded.

Sec. 69. *Class II. (b) CASES REPORTED BY NON-DEPARTMENT TUBERCULOSIS CLINICS AS LIVING IN THEIR OWN DISTRICT (MANHATTAN ONLY).*—These cases are not visited by Department district nurses except on request. A record is kept of each case in nurses' card index under "Clinics." On the first visit to the home of each new clinic case the non-Department clinic nurse fills in blue card (Form 129 L) with information about house conditions required for house file in the Borough office. These cards as completed are turned over to the Department district captain, who forwards them to the Borough office. If case is not found at the address given, the card in the index is shifted from "clinic" to "not found" section.

District nurses may be requested by the clinic to visit these cases (1) to order disinfection; (2) to induce patient to return to clinic; (3) to recommend forcible removal.



When a complaint regarding one of this clinic cases is received at the Department of the clinic is always consulted before patient is. When cases of tuberculosis are discharged clinic for non-attendance or any other reason come under the care of the district nurse and "at home" cases. (See Sec. 76.)

Sec. 70. *Class II.* (c) CASES REPORTED BY TUBERCULOSIS CLINIC AS LIVING IN THE DISTRICT OTHER (All Boroughs).—Unless the report states the first clinic wishes to keep the case under treatment the district nurse visits the patient at once, forwards history card to the local Borough office, and urges patient to attend the second clinic. If patient does not report at second clinic within ten days he is visited and again urged to attend clinic. If he refuses to do so he is then classified as an at home case. If patient does report at clinic he is treated as a clinic patient.

Sec. 71. *Class III.* CASES ADMITTED TO HOSPITAL. When word is received by the district nurse that a case from her district has entered a hospital the name of hospital and date of admission are noted on the card and case reclassified in the index. The premises are at once visited and the necessary information ordered. This applies to all classes of cases as well as at home cases. The same procedure is followed in dead cases except that the case is removed from nurses' card index.

Sec. 72. (Note:) SUPERVISION OF FAMILIES OF CASES IN HOSPITAL.—When patients in hospital families remaining at the address from which

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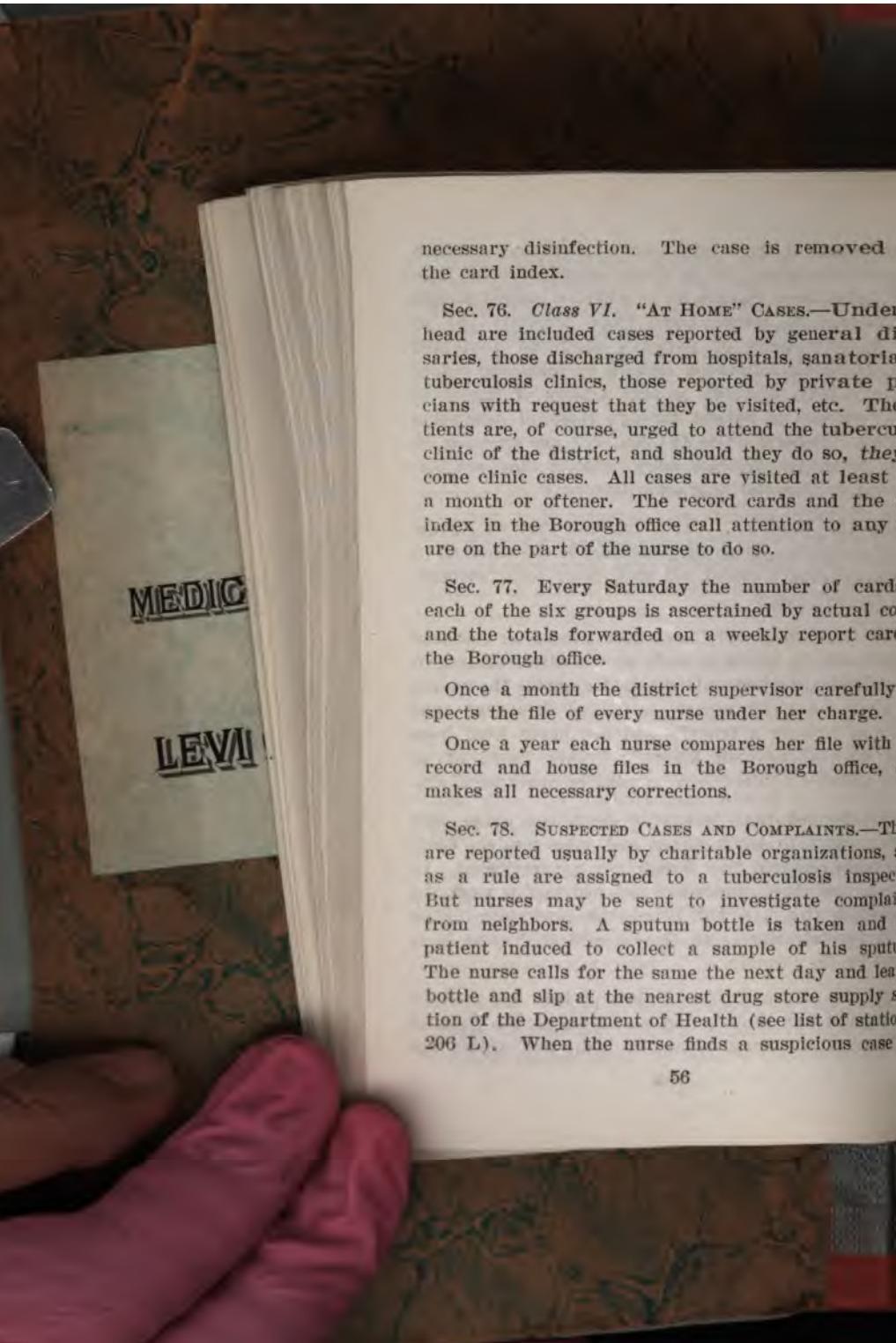
enters hospital, those families are visited once a month by district nurses; (a) to obtain information for Hospital Admission Bureau as to whether patient should be allowed to return home from hospital; (b) to give family news of patient's condition (obtained from Hospital Admission Bureau by telephone before paying visit), and (c) to obtain news of family to be forwarded to patient through Hospital Admission Bureau. Reports as to (a) and (c) are reported on daily report to Borough office, whence they are forwarded to Hospital Admission Bureau.

Sec. 73. *Class IV. CASES LEAVING CITY OR ENTERING SANATORIA.*—Here the procedure is the same as in cases entering hospital, all such cases being reclassified in card index.

Sec. 74. *Class V. CASES NOT FOUND AT ADDRESS GIVEN.*—Every effort is made by the district nurse to locate the patient. Should this be impossible the reason is given on daily report—e. g., "no house at that address"; "only a friend's address, never lived here and whereabouts not known"; "never heard of at that address"; "lived here months or years ago," etc.

If informed that patient is dead, the nurse uses every effort to learn where and when patient died. All cases reported "not found" are reinvestigated. In Manhattan three nurses are assigned to this work. In Brooklyn, two. In The Bronx the supervisor makes such investigations. In Queens and Richmond it is done by the Captain.

Sec. 75. *DEAD CASES.*—Unless patient has died in a hospital and disinfection was done at the time of admission, the nurse visits the home and orders the



necessary disinfection. The case is removed from the card index.

Sec. 76. *Class VI. "AT HOME" CASES.*—Under this head are included cases reported by general dispensaries, those discharged from hospitals, sanatoria, tuberculosis clinics, those reported by private physicians with request that they be visited, etc. The patients are, of course, urged to attend the tuberculosis clinic of the district, and should they do so, they become clinic cases. All cases are visited at least once a month or oftener. The record cards and the index in the Borough office call attention to any care on the part of the nurse to do so.

Sec. 77. Every Saturday the number of cards in each of the six groups is ascertained by actual count and the totals forwarded on a weekly report card to the Borough office.

Once a month the district supervisor carefully inspects the file of every nurse under her charge.

Once a year each nurse compares her file with record and house files in the Borough office, and makes all necessary corrections.

Sec. 78. *SUSPECTED CASES AND COMPLAINTS.*—These are reported usually by charitable organizations, and as a rule are assigned to a tuberculosis inspector. But nurses may be sent to investigate complaints from neighbors. A sputum bottle is taken and the patient induced to collect a sample of his sputum. The nurse calls for the same the next day and leaves the bottle and slip at the nearest drug store supply station of the Department of Health (see list of stations, page 206 L). When the nurse finds a suspicious case

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her rounds and is not able to induce the patient to go to the clinic for examination, she recommends on daily report that a tuberculosis inspector visit and examine the patient.

Sec. 79. NURSES' DISTRICT AND HOME OUTFIT.—When on duty in her district every nurse carries with her:

Diary,
Clinical thermometer,
Watch, with second hand,
Fountain pen,
History cards (Form 44 L),

Cards for referring patients to clinic (Form 48 L),
Circulars of Information for Consumptives, and
Sweeping and Dusting leaflets, in the language spoken
in her district (see Sec. 81 for list).

Sputum bags and paper napkins,
Placards (Form 113 L).

Each nurse keeps at home a supply of:

Fumigation cards (Form 232 L),
Addressed envelopes, large (Form 91 L),
Daily report cards (Form 259 L),
Renovation orders (Form 47 L),
Index cards (Form 126 L),
Time records (Form 23 A),
Blue clinic information cards (Form 129 L),
Private physician's information cards (Form 140 L).
Sputum bags, napkins and metal-framed cups (with
refills for the latter).

Sputum bottles, for obtaining specimens of sputum
Handbook of Division (Form 202 L),
Handbook of Help for Consumptives (Form 21 D),
Notification of Absence blanks (Form 21 C).
Reserve stock of various cards and printed forms used.

All above supplies to be obtained from local Board of Health office or office of Superintendent of Nurses.

Sec. 80. SUPERVISION OF CASES AT THEIR HOME
The first duty of the tuberculosis district nurse in the Department of Health is to exercise the necessary sanitary supervision over the cases of pulmonary tuberculosis living in her district. Almost the first question asked, when making a visit on a new case, is whether the patient is under the continued care of a private physician; if so, his name and address are obtained. In tracing cases on first visit or when unable to obtain admission when making a return visit, messages are left with neighbors. The reason for the nurse's visit (i. e., that there is a consumptive on the premises) is only to be given to the family. The nurse furnishes the Department of Health with prompt, accurate, and sufficiently frequent reports as to where the patient is, his general condition, whether the necessary precautions are being observed (sputum, etc.), if he is receiving medical care and where, the nature and condition of the house and rooms in which he lives, the number in the family, etc. She calls attention to any faulty conditions and recommends steps to be taken for their betterment.

Sec. 81. Circulars of instruction in the language spoken by the patient are given to the patient or the family. The following circulars are issued by the Department of Health for distribution by district nurses: (1) Circular of Information for Consumptives and Those Living with Them. Each circular is printed in English and one other language as follows: German (Form 23 L), Italian (Form 35 L), Yiddish (Form 36 L), Bohemian (Form 37 L), Finnish (Form 73 L), Polish (Form 133 L), Slovak (Form 134 L), Ruthenian (Form 135 L), and Chinese (Form 162 L); (2) Sweeping and Dusting cards; English and German (Form 176 L), Italian (Form 177 L), and Yiddish (Form 290 L); (3) Circular of Warning Against Consumption Cures (Form 229 L), and (4) Tuberculosis Catechism for School Children (Form 246 L). The Tuberculosis Folders in various languages are also distributed if necessary. In addition to furnishing circulars of instruction she personally instructs the patient and his family as to the precautions to be observed. All patients not under the care of a private physician should be given a card (Form 48 L) to the tuberculosis clinic of the district and urged to attend. All cases must be revisited at least once a month and advanced or refractory cases as much oftener as may be necessary.

Sec. 82. Any other suspicious cases of tuberculosis among the family and neighbors are traced and reported. Should the patient be a child attending school, the nurse reports whether or not he or she should be excluded from school. The welfare of any sickly or anemic children is looked after and they are protected as far as possible against infection. If necessary their admission to a fresh air school, a

day camp, or a preventorium is recommended daily report. If the rooms are very dirty and occupants cannot or will not clean them, the nurse forwards a recommendation to the Superintendent of Nurses that a cleaner be sent by the Department of Health. In this event the nurse must meet the cleaner at the patient's home, give instructions, see that work is properly done. Dirty and infected goods may be ordered disinfected without waiting for the termination of the case by death or removal.

If the patient is at work, the nurse reports as to whether his work is harmful to him, his presence a menace to his fellow workmen, or if he or she is likely to spread infection to the public (bakers, handlers of foodstuffs, cooks, laundresses, etc.). If any work is done at the home the nurse makes sure that no one is endangered thereby.

If the patient should enter a hospital or sanatorium, she endeavors to induce him to do so voluntarily, and submits a recommendation to that effect. All the above information is submitted by the nurse on the history card (Form 44 L).

Sec. 83. MISCELLANEOUS.—The district nurses also deliver admission cards (Form 32 L) to tuberculosis hospitals, to patients, and instruct them how best to reach the hospital; as to outfit required (Form 2 L), etc.

Sec. 84. DUTIES OF DISTRICT NURSES IN CLINICS.—In all tuberculosis clinics except non-Departmental clinics in Manhattan, which do their own district nursing, the district nurses attend one or more sessions of their clinic each week. At those sessions

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they meet all the clinic patients from their own sub-district, who have been instructed to return on those days. They thus familiarize themselves with the medical aspect of their cases, and their presence tends to promote friendly feeling between the clinic, the patients, and themselves. They also call the attending physicians' attention to anything specially worthy of note regarding the patients and their home surroundings.

Sec. 85. HISTORY CARD (Form 44 L).—This card gives a description of the house, the rooms, the family, the financial conditions, the physical condition of the patient, precautions observed, and any recommendations.

Once a history card is forwarded to the Borough office, for a given address, all reports of revisits to the case at that address are forwarded to the Borough office on the nurse's daily report (Form 259 L), to be entered on the record card of the patient—not on the history card.

The history card is filled out and mailed to the Borough office on the day the visit is made, "hist. for'd" being always entered on daily report.

One of these cards is filled out for every new assignment (including dead cases, those removed to hospital or sanatoria, etc., etc.), whenever it is found that the patient has ever really lived at the address given; i. e., spent more than one night there. Very often the patient will give a friend's or relative's address, where he has never lived. No history card is necessary in such cases, unless the patient be seen. A new card is made

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out whenever a patient changes his address, returns home after an absence of a month or more, or when conditions at the home have changed. In many cases only the description of the house can be given, as the rooms cannot be located. But even this scant information is important, as it is required for the house file at the Borough office. This history card is also used by all the tuberculosis clinics of the Department of Health and by the clinics of the Brooklyn Association of Tuberculosis Clinics, the Boat Camps of the Department of Health, and by a number of the non-Department of Health clinics of the Manhattan Association of Tuberculosis Clinics. When used by Department clinics, boats, etc., the card is given to the nurse when a revisit is necessary, and she enters her report in the proper space on the reverse.

When cases under care of private physicians or non-Department tuberculosis clinics are visited to order disinfection, etc., only the house history, location of rooms, how long the family has been in rooms, previous address, and name and address of physician or clinic caring for patient, are entered on the card. But when such cases are visited on complaint, a full history is taken.

The Borough case number and year of old cases are always entered in proper space in upper right hand corner of card.

All recommendations are entered on daily reports as well as on history card, as the former is the official medium for forwarding all recommendations. As soon as nurses become familiar with information called for on history card, they do not fill it out until they have left the house.

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Sec. 86. **DAILY REPORT.**—Every nurse not on clinic or exclusive office duty forwards to the Borough office in the envelope provided for the purpose (Form 91 L), a daily report of her work for the preceding twenty-four hours (Form 259 L). This is mailed by 6 P. M. each day. This report gives date, name and district of nurse, total number of new visits, revisits, and extra visits, the name and address of each patient visited, whether a new visit or a revisit, all recommendations, other cards and reports forwarded, date visit was due if a revisit and the date case will be revisited. On the reverse of the card is given a summary of the day's work as follows: (a) a classification of the new assignments according to their nature (entering hospital, dead, reported by clinics, etc.); (b) the number of new and previously reported cases; (c) the number of renovations, fumigations and disinfections of bedding ordered, placards posted, etc., etc. On receipt of these cards at Borough office, each visit is credited to the nurse in the tally index and future visits noted. The report of each visit is then entered on the record card for that case, all recommendations (for hospital, charitable aid, etc.) copied off and attended to, and the report card is forwarded to office of the Superintendent of Nurses. There it is filed with the other daily reports of that individual nurse for the current week.

Sec. 87. On every Saturday an additional report is forwarded, giving a summary of the week's work, the number of cases in which disinfection was indicated but not necessary and also the weekly summary of the card index.

Sec. 88. **NURSES' WEEKLY RECORD SHEET.**—At the close of each week, the totals of the various items

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in the summary on the daily report are entered on weekly record sheet (Form DS L). A separate sheet is kept for each district nurse, and it shows at glance the amount and kind of work being done by each nurse. Each sheet covers a period of fifty-two weeks. The daily reports are then filed in the Borough office.

Sec. 89. NOTES.—All recommendations are entered on daily report.

Extra visits are extra calls necessary to travel assignments.

"Hist. for'd" is always entered when a history card has been forwarded the same day to Borough office. The same is true for renovation orders, fumigation cards, special reports, etc.

Revisits to Department clinic cases are entered on daily report as "clinic case."

As no disinfection can be ordered in cases from lodging houses, the non-ordering of disinfection is always to be explained by entering "L. H." on card.

New assignments to obtain sputum in suspect cases are classified in daily summary as "Miscellaneous."

The sum of new assignments from "cases removed to hospital" to "miscellaneous," inclusive, equals the sum of the new and old cases.

Sec. 90. DUTIES OF TUBERCULOSIS INSPECTORS.—Each Borough physician in the employ of the Department of Health are detailed as tuberculosis inspectors (two such inspectors are on duty in Ma-

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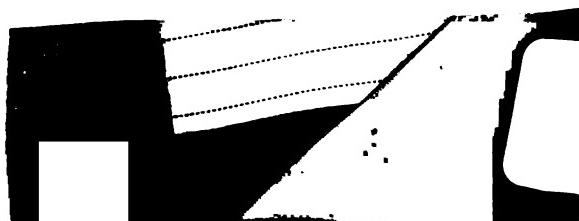
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hattan). They are all specially trained in the diagnosis of pulmonary tuberculosis, having served in the tuberculosis clinics of the Department of Health. Their duties are as follows:

The inspector calls the Borough office by telephone each morning to obtain all new assignments and special instructions. He mails a daily report (Form 198 L) to the Borough office each day by 6 P. M., giving the name and address of every case visited, nature of the case, action taken, etc. If a history card, special report, disinfection order, or complaint as to unsanitary conditions is forwarded, that fact is always noted on daily report. ("Hist. for'd, spec. report, etc."). When no history card can be forwarded (e. g., in cases where the person complained of is not found, or where the complaint is a general one) a special report must be made using Form 3 L for that purpose. The following classes of cases are assigned to the tuberculosis inspectors:

Sec. 91. SUSPECTED CASES OF TUBERCULOSIS.—All suspected cases of tuberculosis that will not or cannot visit a clinic are examined at their homes by the tuberculosis inspectors. These cases are reported to the Department of Health by lay organizations, citizens, district nurses, inspectors of other city departments, etc. The tuberculosis inspector submits a full history of the case on a history card, which is forwarded to the Borough office by mail. If a new case,

report postal is also forwarded. Should the case prove not to be one of tuberculosis the words "not tuberculosis" are written on the upper left-hand corner on the face of the history card. Any recommendations and special notes are written on the

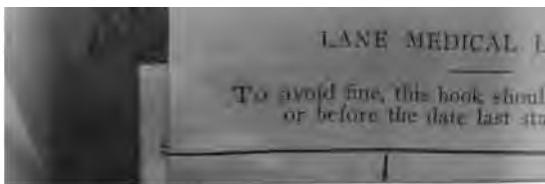




blank space on the reverse of the card. Should disinfection be necessary it is ordered as described in "Disinfection."

INVESTIGATION OF COMPLAINTS.—All special complaints, requests for hospital care, etc., are investigated by the tuberculosis inspectors, a history card being forwarded in every instance. When it is recommended that a sanitary inspection be made, a special report (Form 3 L) is to be forwarded.

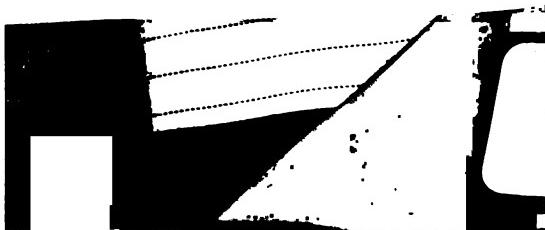
Sec. 92. EXCLUSION FROM OR ADMISSION TO SCHOOL.—All cases of pulmonary tuberculosis in children under 16, in which the attending physician will not certify in writing that patient can safely attend school, or where the patients will not or cannot visit the nearest Department of Health Tuberculosis Clinic are visited and examined, and a history card forwarded with a recommendation as to what action should be taken by the Department. Only "open" active cases of tuberculosis (i. e., those whose sputum shows tubercle bacilli) are, as a rule, excluded from school. But in special cases even though the disease be inactive, or tubercle bacilli be absent from the sputum (and in all cases where the child attends boat camp), the inspector may recommend that child be not permitted to attend school on the ground that such attendance would be harmful to the child himself. All recommendations for exclusion are forwarded from the Borough office to the Chief of Division. If approved, exclusion from or readmission to school is recommended to the Division of Child Hygiene (Form 83 L). Special care is taken of children that are not allowed to attend school. According to the nature of the case the child is placed in a hospital



a sanatorium, or a day camp, or in one of the free air schools of the Bureau of Education. In investigating cases reported by tuberculosis clinics for exclusion or readmission to school, the inspector will consult with and obtain all information possible from the clinic before visiting the child.

Sec. 93. VISITS TO CLINIC PATIENTS.—The tuberculosis clinics are sometimes requested to send a physician to visit a clinic patient who is too ill to attend the clinic. Such calls are assigned to the tuberculosis inspector, who visits the patient, prescribes if necessary, and forwards a history card recommending suitable action (usually removal to hospital). But the inspector does not render continued medical service at the home. Monthly visits to patients living in lodges houses are made by the tuberculosis inspector on request of the district nurse.

Sec. 94. RECOMMENDATIONS FOR FORCIBLE REMOVAL.—Requests that a given case of pulmonary tuberculosis be removed to a hospital, by force if necessary, on the ground that the patient is a menace to health of others, are assigned to a tuberculosis inspector for investigation. Before recommending forcible removal of a case of pulmonary tuberculosis the inspector endeavors to obtain the patient's consent to enter a hospital. Failing in this, he satisfies himself that: (a) the patient's sputum contains tubercle bacilli; (b) the patient either will not or cannot observe the necessary precautions as to disposal of sputum; and (c) that others (especially children) are exposed to infection. Should the inspector find that the above conditions exist, he reports at the Borough office after consultation with the Borough Chief, sub-



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(in addition to the history card), a special report (Form 64 L), recommending the removal of the patient. This is forwarded to the Chief of Division and if approved, to the Sanitary Superintendent. Who approves by him, and when the Hospital Admission Bureau has a vacancy at Riverside Hospital, the tuberculosis Inspector is notified to have the patient removed. The inspector makes the necessary arrangements directly with the ambulance station of the Department of Health to have an ambulance ready to meet him at the patient's home when called for. He then visits the house and if patient is still there telephones for the ambulance and remains at the house until the ambulance arrives to remove the patient.

Sec. 95. RECOVERED CASES.—When notice is received that a given case of tuberculosis has recovered, and no physician's certificate is forwarded, the case is assigned to the tuberculosis Inspector to visit and make a physical examination. He submits a history card as above stated.

INFORMATION FOR THE PUBLIC.

Sec. 96. CIRCULARS OF INFORMATION REGARDING THE SUPERVISION OF TUBERCULOSIS ISSUED BY THE DEPARTMENT OF HEALTH.

The following circulars, etc., are issued by the Department through its nurses, through drug stores acting as supply stations and through traveling tuberculosis exhibits, to persons suffering from tuberculosis and their families, to physicians and to others interested: Leaflet in Reference to the Reporting of Cases;

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of Tuberculosis by Physicians (Form 9 L). Circular of Information Regarding Measures Adopted for the Sanitary Supervision of Tuberculosis (Form 66 L). Circular Regarding Importance of Early Diagnosis of Tuberculosis (Form 75 L). "Sweeping and Dusting," in English and German (Form 176 L); Italian (Form 177 L) and Yiddish (Form 200 L). Circular of Information to Consumptives and Those Living with Them, in English and German (Form 23 L); Italian (Form 35 L); Yiddish (Form 36 L); Bohemian (Form 37 L); Finnish (Form 73 L); Polish (Form 133 L); Slovak (Form 134 L); Ruthenian (Form 135 L), and Chinese (Form 162 L). Tuberculosis Folders in various languages—Spanish (Form 29 L); Armenian (Form 50 L); English (Form 231 L); Swedish (Form 236 L); Italian (Form 238 L); Bohemian (Form 239 L); German (Form 240 L), and Yiddish (Form 241 L). Consumption Cures (Form 229 L). Handbook of Help for Consumptives (Form 2 L). Consumption Catechism, for use in public schools (Form 16 L). History of the Tuberculosis Movement and Catalogue of Department of Health Tuberculosis Exhibit (Form 54 L); Administrative Control of Tuberculosis (Form 226 L); What You Should Know About Tuberculosis (Form 123 L).

Sec. 97. STEREOPTICON EXHIBITIONS.—These are given at night in the public parks throughout the summer, notices of such exhibitions being distributed by nurses, through drug stores, etc. These notices are given in English and other languages, as follows: English (Form 12 L); Yiddish (Form 41 L); and Italian (Form 46 L).

THE CARE OF THE TUBERCULOSIS PATIENTS OF THE DEPARTMENT OF HEALTH.

Sec. 98. THE TUBERCULOSIS HOSPITAL ADMISSION BUREAU.—Located at 426 First Avenue, Manhattan, in the immediate neighborhood of the Department of Charities, Bellevue Hospital, the large medical schools and a number of dispensaries. Telephone 4270 and 332 Madison Square. This Bureau has been established by mutual agreement of the Department of Charities, the Department of Health, and of Bellevue and Allied Hospitals. The staff of the Bureau consists of a Director; a Clerk-in-Charge; Inspectors, detailed from the Department of Charities; medical examiners, detailed from the Department of Health; Nurses; Hospital and other clerks. It is independent of any of the above mentioned Departments, being under the immediate direction of a committee of three, composed of the Commissioner of Charities, the Commissioner of Health, and the President of the Medical Board of Bellevue and Allied Hospitals. At present the Chief of the Division of Communicable Diseases of the Department of Health is detailed as Director of the Bureau, reporting directly to the above mentioned committee.

The mode of procedure is as follows:

Sec. 99. Tuberculosis Institutions to which patients are admitted through Bureau:

(1) *General tuberculosis hospitals maintained directly by the City Government* (Metropolitan, Riverside and Sea View).

(2) *General tuberculosis hospitals maintained indirectly by subsidy* (St. Boniface, St. Joseph's, St. Vincent's, Brooklyn Home for Consumptives, and St. Peter's).

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(3) *Reception hospitals for patients needing immediate care:* (Bellevue, Manhattan; Cumberland Street, Brooklyn; and Kings County, Brooklyn). Cases are admitted on personal application or are referred by Admission Bureau when direct application is made too late for admission to a general hospital the same day. The Admission Bureau places all such cases in other hospitals as soon as possible, except those which the reception hospital authorities wish to retain.

(4) *Sanatoria:* (Otisville and New York State Hospital for Incipient Tuberculosis at Ray Brook).

Sec. 100. All applications for institution care, whether made to the Department of Charities, Bellevue and Allied Hospitals, the Department of Health, Charitable Organizations, Tuberculosis Clinics, or General Dispensaries, etc., are referred, either directly, or by letter or telephone, to the main office of the Admission Bureau in Manhattan. When by reason of weakness or other sufficient cause, the patient cannot present himself in person at the Bureau, he will be referred for examination to the tuberculosis clinic of that district of New York City in which he resides. If the patient is bed-ridden, a physician will visit the house and make the necessary medical examination. (See Sec. 103.)

Sec. 101. ROUTINE PROCEDURE.—The hours of the Bureau are from 9 A. M. to 6 P. M. Complete information regarding all institution cases of pulmonary tuberculosis in New York City is kept on file, using for that purpose a record envelope (Form 109 L) and record card (Form 110 L). On the record envelope

are entered: (1) all necessary facts regarding the patient for identification, how long in the country or city, if a citizen, etc.; (2) the date of application for institution care, when and where admitted, reports from the hospital, date of death or discharge, etc.; (3) similar data regarding all subsequent applications. Information regarding any given case is thus obtainable at a moment's notice. All requests for "forcible removal" of dangerous cases pass through this Bureau.

Sec. 102. EXAMINATION AT ADMISSION BUREAU.—If the patient applies in person and no recent record of his or her physical condition is on file, a physical examination is made. At the same time the case is assigned to an inspector to visit the patient's home and report on social and financial conditions there. These inspectors are detailed from the Department of Charities. (See Sec. 104.) A clinic for transients is also maintained at the Bureau, and advice and medicine given in suitable cases, the patients being referred for further treatment to the tuberculosis clinic of the district in which they reside.

Sec. 103. VISITS BY PHYSICIANS FOR DIAGNOSIS.—If the applicant cannot visit the Admission Bureau in person because of weakness or other reason, he is visited and examined by one of the Borough tuberculosis inspectors of the Department of Health. These physicians have received special training in the diagnosis of pulmonary tuberculosis.

Sec. 104. INVESTIGATION OF HOME AND FINANCIAL CONDITIONS.—On receipt of application at the Admission Bureau the case is at once assigned an inspector of the Bureau to visit and report on the



home and financial conditions. She inquires into the social conditions of the house, the home, and the neighborhood; whether overcrowding exists; if others (especially children) are exposed to infection; amount and character of expectoration; general condition of patient, etc. Full information as to the economic conditions is also obtained—amount of rent paid, other expenditures, number to be supported, the earnings of each member of the family, and what amounts are receiving from other sources. All these facts are reported on a special card (Form 110 L). This card is forwarded by mail to the Admission Bureau. An investigation of the social conditions, as described above, is made in every instance. Physical examination may be omitted at the discretion of the Bureau, if a recent record is on file.

Sec. 105. ADMISSION TO HOSPITAL.—If four conditions make the case suitable the case is then admitted to the most suitable institution. The local Borough office of the Department of Health is notified by telephone to issue an admission card, which is at once delivered to the tuberculosis nurse of the district, who also gives the patient full instructions as to how to reach the hospital, outfit needed, visiting hours for the family, etc. When necessary an ambulance or carriage is provided.

Sec. 106. SUPERVISION OF FAMILY WHILE PATIENT IS IN HOSPITAL.—Tuberculosis district nurses of the Department of Health visit the families of patients in hospital at regular intervals, for the following purposes:

To obtain correct and up-to-date information as to whether it is best for patient to return home or to remain in hospital; information to be on file at Admission Bureau.

To inform family of patient's condition. Before paying such visit the nurse will obtain information from Admission Bureau, which in turn will obtain it from each hospital monthly (Form 208 L).

To obtain information by which Admission Bureau may reassure patients in institutions that their families are being cared for.

Sec. 107. REPORTS FROM INSTITUTIONS REGARDING THEIR PATIENTS.—A telephone report is obtained daily by Admission Bureau from all institutions, of the numerical census (male and female) of patients, the number of vacancies (male and female) and the full name and address of all patients admitted, discharged, transferred, or dead, during the previous twenty-four hours, and the names of all patients wishing to be discharged (Form 209 L).

This information is then forwarded to the proper Borough office of the Division of Communicable Diseases of the Department of Health.

Each institution forwards the first of each month a census of its patients (Form 208 L), giving name, date of admission, and condition at the time of report.

Sec. 108. REQUESTS FOR DISCHARGE BY UNSUITABLE CASES.—When patients in institutions ask to be discharged, whose return home would be a menace or a hardship to their family, or who could not obtain the proper care, every effort is made to induce them to remain in the institution. Should they insist on discharge, however, and if their sputum contains tubercle bacilli, they are transferred to Riverside Hospital by the Department of Health and retained there as long as necessary.

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SANATORIUM APPLICANTS.—The Admission Bureau is also responsible for the admission of all cases to the sanatorium of the Department of Health at Otisville, New York, and to the New York State Hospital for Incipient Tuberculosis at Ray Brook, New York. Preliminary medical examination may be made at any of the associated tuberculosis clinics throughout the city. But all applicants must be referred to the Admission Bureau for economic and final medical examination. Official Examiners for Ray Brook are connected with the Admission Bureau. Patients unsuitable for admission to the above institutions, or who would have to wait a long time for admission (both institutions having long waiting lists), are properly cared for at once and much harmful delay avoided thereby.

BUREAU OF INFORMATION.—Full and up-to-date information regarding all public, semi-private and private institutions for the care of tuberculosis is kept on file at the Admission Bureau.

Sec. 109. TUBERCULOSIS INSTITUTIONS MAINTAINED BY DEPARTMENT OF HEALTH.—Riverside Hospital: This institution is for advanced and dangerous cases of pulmonary tuberculosis, and those transferred from other hospitals as insisting on returning to unsuitable home surroundings. The sputum must have contained tubercle bacilli within a month. The hospital is on North Brother Island, in the East River. A waiting list is kept of the names of applicants (Form 214 L), and when a vacancy occurs, admission cards (Form 32 L) are issued by the Borough office, when authorized by the Hospital Admission Bureau, and delivered by nurses, who obtain data called for on card, give full

instructions, and leave same with patient. If couple or ambulance is necessary, the Department Borough hospital is requested to remove the patient.

All cases must reach the Reception Hospital of the Department of Health at the foot of East 16th Street, Manhattan, by 1 P. M., as the boat leaves at that hour. Walking cases may cross to the hospital from the foot of East 132d Street, The Bronx, whence a boat leaves every hour between 9 A. M. and 5 P. M. Information regarding visiting days and hours is given in four languages on a special card (Form 31 L).

Sec. 110. Otisville Sanatorium for Incipient and Favorable Cases, at Otisville, Orange County, N. Y. All applications are referred to the Hospital Admission Bureau. Special reference cards (Form 71 L) and envelopes (Form 85 L), giving a brief history of the case, are used, which are forwarded to Otisville when the patients are admitted. Patients are admitted according to the original date of application.

Applicants must be residents of New York City. Persons suffering with tuberculosis who are not citizens of the United States, will not be placed upon the list for admission to Otisville so long as there are enough applicants, who are citizens, to fill vacancies. Minors, whose fathers are not citizens of the United States, will not be placed on the list. The following, however, are not included:

A—Unmarried women, residents of the United States for three years or more, who are self supporting, or whose parents reside in foreign countries, and who are over twenty-one years of age.

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-Widows, residents of the United States for three years or more.

-Minors, born in the United States, or those who are over fifteen years of age and are self-supporting

When vacancies occur the Admission Bureau notifies patients by card (Form 128 L) and furnishes them a leaflet (Form 227 L), giving the following rules of articles they must take with them:

NOTICE.

ACCEPTED CANDIDATES FOR OTISVILLE SANATORIUM.

READ THIS NOTICE CAREFULLY.

You have been accepted as a suitable case for treatment at Otisville Sanatorium.

Your name has been placed on a waiting list. When a vacancy occurs you will be notified to present yourself at the Hospital Admission Bureau, 426 1st Avenue, Borough of Manhattan, ready to go.

If under the influence of liquor or smelling of the same, you will be rejected.

You must not take liquor with you.

You must supply yourself with a complete list of articles stated below:

MEN:

Thick overcoat or ulster,	C a r d i g a n jacket or sweater,
One suit working clothes (overalls and jumper),	Arctics,
One pair heavy shoes,	Mittens,
Cap,	Shirts of soft cotton or flannel,
Three suits underwear,	Tooth brush and powder,
At least three pairs of socks or woolen stock- ings,	Hair brush and comb, Shaving outfit.

WOMEN:

Three suits thick under- wear,	A r c t i c overshoes (high tops),
Three corset covers (long sleeves),	Long, thick coat or ulster,
G r a y flannel bloomers (desirable, not neces- sary),	Woolen hood,
Woolen petticoat,	Fur or woolen gloves or mittens,
At least three pairs wool- en stockings,	Flannel shirtwaist,
Heavy shoes,	Felt bed shoes, Tooth brush and powder, Hair brush and comb.

Note: In Summer the heavy articles may be omitted.

This outfit is inspected at the Admission Bureau on the day the patients go to Otisville Sanatorium; if incomplete they are not allowed to go.

Owing to the very large number of applicants for admission to the Otisville Sanatorium, the ordinary period of residence is limited to three months. If,

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however, a patient's health has been markedly benefited, and he has conducted himself well, the privilege of residence may be extended for one month. Patients will be retained beyond this period only when they are actually employed in the conduct of the Sanatorium, or, when upon the recommendation of the resident physician, it seems very desirable, because of their health, the excellence of their conduct, and the exceptional character of their services.

Work in gradually increasing amounts, according to the physical condition of the patient, is an essential part of the course of treatment in the Otisville Sanatorium.

In the interest of the patients and in the interest of the Sanatorium, every patient will be required to do as many hours graduated work, as in the opinion of the resident physician, his health justifies. Any patient who is unwilling to do the assigned work well and cheerfully, will be dismissed from the institution. Unless patients become accustomed to such increasing amounts of work during the course of treatment, they will, as a rule, be unable to resume their occupations when they leave the Sanatorium.

As far as possible, patients who have trades will be assigned work to which they have been accustomed, provided they furnish their own tools. In the employment of patients in permanent positions at the Sanatorium, preference will be given to those who have shown themselves competent and willing to work.

All cases discharged from Otisville are visited at regular intervals by nurses of the Department of

Health and their progress noted and reported on a special card (Form 65 L).

TUBERCULOSIS CAMPS AND FRESH AIR SCHOOLS.—The Department of Health maintains two tuberculosis camps on disused ferryboats, as follows:

Sec. 111. THE MIDDLETOWN.—Foot of East 91st Street, Manhattan, maintained by the Department of Health, but under the direction of the Ladies' Auxiliary of the Department of Health Tuberculosis Clinics. The nurse-in-charge is in the employ of the Auxiliary.

Sec. 112. THE SUSQUEHANNA.—Foot of North 21st Street, Brooklyn, maintained by the Department of Health, but under the direction of the Tuberculosis Committee of the Brooklyn Bureau of Charities, the nurse-in-charge being in the employ of that organization. The nurses on the Susquehanna also act as clinic nurses for the tuberculosis clinic held on that boat three times a week.

At these camps are received suitable cases of pulmonary tuberculosis in all stages referred by card (Form 127 L) from the Department and other tuberculosis clinics. Patients must be of good character and disposition and residents of New York City. All patients discontinue attendance at tuberculosis clinics while on the boats, but monthly reports are sent to the clinics. The patients are given a hot dinner in the middle of the day and extra nourishment in the mornings and afternoons. Physicians of the Department of Health visit the boat camps at regular intervals, examine the patients, and prescribe any medication necessary. Records are kept of the temperature and weight of the patients (Form 210 L).

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They are provided with steamer chairs, wraps, books and games. A limited number of men, suffering from tuberculosis, but able or compelled by circumstances to continue at work, are allowed to sleep at the day camps and are given a hot breakfast each morning.

Sec. 113. BOAT CAMP NURSES.—Nurses assigned to the ferry-boat camps of the Department of Health perform the usual duties of hospital nurses, i. e., taking and recording the temperature and pulse of the patients, assisting at meal times, giving medicines, etc.

All Department employees at the camp are subject to the general regulations of the Department of Health, to the authority of the nurse-in-charge, and to the special regulations of the camp.

Sec. 114. TUBERCULOSIS CAMP REGULATIONS. —

1. All patients must be referred through one of the twenty-nine tuberculosis clinics in New York City. Admission will be by card (Form 127 L), which gives the patient's name, address, clinic number, name of clinic, and is signed by the chief of clinic.

2. No patient will be admitted who has not a final diagnosis of pulmonary tuberculosis, based on physical examination, the presence of tubercle bacilli in the sputum, or a positive Moro or v. Pirquet inoculation test. Citizens and children of citizens will be given preference.

3. All children of school age admitted to the camps will be excluded from school by the Department of Health.

4. Admission cards to the day camp will be renewed by the nurse-in-charge every two weeks. No patient will have his or her card renewed who:

- (a) has not attended the camp eight days out of twelve;
- (b) has disobeyed the rules of the camp;
- (c) has bad habits;
- (d) is dishonest.

When said patient is attending school on the boat camp, the Board of Education is to be notified prior to discharge.

5. Patients must report promptly at 9:00 A. M. and remain until 5:00 P. M. Those who are late will be admitted only at the discretion of the nurse-in-charge.

Patients will be discharged after a stay of three months if unimproved; if improved, they will be retained an additional three months or longer, at the discretion of the attending physicians.

6. All patients will be required to do light work; exceptions may be made at the discretion of the attending physicians.

7. Patients who apply to the camp directly without a card will be referred by the nurse-in-charge to the tuberculosis clinic of the district in which the patient resides, giving a card (Form 141 L), on which is written "applicant for day camp."

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8. At each visit of the patients to the camp, the afternoon temperature, pulse, and respiration are noted on the treatment card. The weight is recorded once a week. Re-examination of the chest with entry on diagram card is made at least once in every two months. All recommendations must be made on treatment card in red ink.

9. ATTENDING PHYSICIANS.—The attending physicians attend the camp at least twice a week, and enter the time of their arrival and departure in a time book kept for that purpose. If for any reason a physician is prevented from attending the camp he should notify the supervising nurse promptly by telephone.

10. NURSES.

(a) Nurses report promptly at 9:00 A. M., and remain until 5:00 P. M.

(b) The nurses assigned to assist the attending physicians with examinations, etc., are to see that the supplies and instruments are in good order.

(c) Thermometers are to be kept in a solution of 1 to 100 carbolic acid.

(d) All diagnostic instruments are to be wiped, after use, with a cloth wet with a solution of 1 to 100 carbolic acid.

(e) At the close of each examining session all histories are to be returned to the office properly filed. All sputum specimens are to be placed in the collection box, and the office left in good order.

11. Attending physicians, nurses, hospital helpers, orderlies, etc., will wear gowns when on duty.

12. Smoking and the drinking of intoxicating liquors during camp hours are strictly forbidden.

13. Patients no longer in need of treatment may be discharged by the attending physician, but certificates of improvement, recovery, cure, recommendations for exclusion, or readmission to school, etc., are to be forwarded to the Executive Office of the Division of Communicable Diseases, to be issued from there.

TUBERCULOSIS CLINICS.

Sec. 115. The first tuberculosis clinic of the Department of Health was opened March, 1904, at 967 Sixth Avenue (adjoining the headquarters of the Department at Sixth Avenue and 55th Street), in a building especially designed for the purpose. Since that date similar clinics have been opened throughout the city. Their location and hours are as follows:

MANHATTAN CLINIC—EAST SIDE: 426 First Avenue; 10 A. M. to 4 P. M. daily; Thursday evenings from 8 to 9 P. M.

MANHATTAN CLINIC—WEST SIDE: 55th Street and Sixth Avenue; 10 A. M. to 4 P. M. daily; Tuesday and Thursday evenings 8 to 9 P. M.

MANHATTAN CLINIC—ITALIAN: 339 East 109th Street; 10 A. M. to 12 M. daily; Tuesday evenings 8 to 9 P. M.

BROOKLYN CLINIC—MAIN: Flatbush Avenue and Willoughby Street; 10 A. M. to 4 P. M.; Tuesday and Thursday evenings 8 to 9 P. M.

BROOKLYN CLINIC—BROWNSVILLE: 362 Bradford Street; 2 to 4 P. M. daily; Thursday evenings 8 to 9 P. M.

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BROOKLYN CLINIC—BOAT (Ferryboat Susquehanna) :
Foot of North 2d Street; 2 to 4 P. M., Tuesday,
Thursday and Saturday.

BRONX CLINIC—NORTH: Third Avenue and St.
Paul's Place; 2 to 4 P. M. daily; Thursday evenings
2 to 9 P. M.

BRONX CLINIC—SOUTH: 493 East 139th Street; daily
10 A. M. to 12 M.; Tuesday evenings 8 to 9 P. M.

QUEENS CLINIC—10 Union Avenue, Jamaica, L. I.;
2 to 4 P. M. Monday, Wednesday and Friday.

RICHMOND CLINIC—Bay Street, Stapleton, S. I.; 2 to
4 P. M. Monday, Wednesday and Friday.

Sec. 116. Each clinic contains a registration room, a drug room, waiting rooms, throat department (except Queens, Richmond, Brooklyn boat, and transient clinic at Hospital Admission Bureau), and two clinics for male and female patients, respectively, each with its examination room. The Manhattan Clinic, East Side, has also a complete radiographic department.

Coincidently with the establishment of the above mentioned new clinics the entire system of conducting the clinics has been revised and made uniform throughout all Boroughs.

According to the number of weekly sessions, each clinic has been provided with a corresponding number of attending physicians, assistant attending physicians, nurses, clerks, etc. The simplified system of registration, described later, is in use in all clinics.

Sec. 117. The clinics were established with the following objects in view:

- (a) The early recognition and accurate diagnosis of pulmonary tuberculosis.
- (b) The careful supervision of persons receiving treatment, including not only medicinal treatment, but also the furnishing of circulars of information in various languages, of paper sputum bags and paper handkerchiefs.
- (c) The continued observance at their homes by the district nurses of indigent, needy and ambulatory cases, including all those discharged from public institutions of the city.
- (d) The removal to hospitals or sanatoria of (1) advanced or bedridden cases, with profuse expectoration, whose presence at home is a menace to others in the family; (2) cases able to get about but who are unable to work, and who are entirely dependent upon their earnings for their livelihood; (3) incipient cases, who stand a fair chance of recovery if removed to sanatoria outside of the city, and (4) lodging house, or homeless cases.
- (e) Provision of municipal institutions where cases of tuberculosis may be referred (1) by physicians, (2) by institutions on discharge therefrom, (3) by the various charitable organizations throughout the city, and (4) by persons doing individual charitable work.
- (f) The extension and strengthening of the sanitary control of tuberculosis among the poor by the Department of Health.
- (g) The care of laryngeal cases—one of the saddest complications of pulmonary tuberculosis.

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ORGANIZATION OF THE TUBERCULOSIS
CLINICS OF THE DEPARTMENT
OF HEALTH.

Sec. 118. EXECUTIVE OFFICE OF TUBERCULOSIS CLINICS: In order to facilitate and unify the work of the twenty-nine tuberculosis clinics there has been established in the Manhattan office of the Division of Communicable Diseases an Executive Office of Tuberculosis Clinics. Through this office are forwarded all reports, time sheets, notifications of absence, recommendations for exclusion or readmission to school, requisitions, inventories, prescriptions, etc., etc. Through this office are forwarded, to be answered, all correspondence and requests for information received directly at the clinics, together with the necessary clinic records, memoranda, etc., necessary for such reply. This office has charge of all blanks, supplies, etc., pertaining to the work of the tuberculosis clinics, and issues the same on requisition after approval by the Chief of the Division. All requests for information, histories, records, etc., made through this office to the various tuberculosis clinics by the Chief of Division are to receive immediate attention. No alterations of the records of the clinics are made in this office except by direct instruction of the Chief of Division.

All clinics forward reports, records, etc., above referred to direct to the Executive Office of the Tuberculosis Clinics. Each tuberculosis clinic submits by telephone each morning to the Executive Office of the Tuberculosis Clinics, at a specified hour, the number of new and old cases seen the previous day, and a report of absences and returns to duty of all

clinic employees except attending physicians, for that day; also all absences and returns to duty of attending physicians for the preceding daily session of the clinic. Information thus received regarding clinic nurses is forwarded from the Executive Office of the Tuberculosis Clinics to the office of the Superintendent of Nurses.

Sec. 119. THE CLINIC STAFF.—The Clinic Staff is organized as follows:

Chief of Division of Communicable Diseases and Director of Tuberculosis Clinics.

Associate Director of Manhattan Clinic, West Side.

Chiefs of Clinic for each Borough.

To each clinic are assigned:

Attending Physicians, two being on duty for each class;

Assistant Attending Physicians, available in case of absence of Attending Physicians;

Attending Laryngologists;

Radiographer (in Manhattan Clinic, East Side only):

A Nurse-in-Charge, and various nurses assigned to duty in the men's clinics, the women's clinics, the registration rooms, and the throat rooms:

Drug clerks, hospital clerks, and helpers and scrub-women. In addition, a nurse is detailed in Manhattan to do special work for the Woman's Auxiliary of the Tuberculosis Clinics of the Department of Health.

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Sec. 120. **ROUTINE PROCEDURE.**—Large signs are hung on the walls of the waiting rooms, giving the following instructions in English, German, Italian, and Yiddish:

DO NOT SPIT ON THE FLOOR OR IN ANYTHING EXCEPT THE PAPER HANDKERCHIEF GIVEN YOU FOR THE PURPOSE. WHEN YOU COUGH, HOLD THE PAPER HANDKERCHIEF BEFORE YOUR MOUTH. USE IT ALSO FOR WIPPING YOUR MOUTH OR NOSE AFTER SPITTING OR SNEEZING. DO NOT SPIT ON THE FLOOR OR IN ANYTHING EXCEPT THE PAPER HANDKERCHIEF WHICH IS THEN TO BE PUT IN THE PAPER BAG AND NOT USED AGAIN. MEN ARE FORBIDDEN TO SMOKE OR WEAR THEIR HATS WHILE IN THE CLINIC.

Separate lavatories are provided for men and women patients.

Distilled water is provided the patients for drinking purposes, individual paper drinking cups being furnished and destroyed after use.

All floors and metal furniture are cleaned every morning and the building is disinfected with formaldehyde gas weekly. The gowns supplied are disinfected at the same time.

Sec. 121. **REGISTRATION OF CASES.**—The name, address, age, sex, nationality, employment, history, number, and clinic class of every patient is entered in a journal (Form 218 L); also the history number, sex, class and diagnosis of every patient returning for treatment.

An admission card (Form 7 L) numbered to correspond with history, with an envelope (Form 92 L), a sputum jar and a paper handkerchief and waterproof bag are given to each new patient, together with instructions as to care of expectoration, coughing, etc.

All information on the front of the primary history card (Form 104 L) is obtained by the registration room nurse, who observes the following suggestions in taking the patient's history.

Sec. 122. INSTRUCTIONS FOR HISTORY TAKING.—

"Clinic number"—to be entered in every instance;

"Date"—to be stamped plainly;

"Class"—use the number denoting class;

"Doctor"—name to be entered by physician himself;

"Name"—to be given in full, plainly and correctly;

"Address"—in full;

"Floor"—if ground or stoop, "1st floor"; one flight up, "2d floor," etc.;

"Care of"—"family" if at home; name, if boarding;

"Referred by"—name and address of sender; abbreviations if society;

"Reason for Coming"—treatment, diagnosis, admission to hospital, Ray Brook or Otisville;

"Nationality"—if Hebrew give country, *e. g.*, "Russ.-Hebr."; if mixed parentage give both as "Am.-Germ";

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"Occupation"—that followed during period previous to illness;

"Family history"—of cardiac or renal disease and age at death; of pulmonary tuberculosis or any pulmonary disease, date of death. (If living and well, say so.)

"Contact"—date of contact;

"Past history"—inquire carefully as to colds, sore throat, influenza, pneumonia, pain in chest, and give date and duration;

"Other diseases, operations, etc"—with particular reference to pulmonary history. Scalp wounds or cut fingers not important;

"Personal habits"—excesses in any form; drugs; alcohol, excessive at any time; do not write "none" if history shows alcohol taken in the past; tobacco; same instructions;

"Previous treatment"—hospital, dispensary, or private physician, and for what illness; date and duration; condition on discharge; stay in country, date and duration, improved or not; gain in weight;

"Present illness"—this, taken generally, means probable pulmonary tuberculosis. Find out the earliest possible symptom, loss of weight, loss of strength, loss of appetite, pain, occasional cough, convalescence from other diseases as pneumonia, typhoid, influenza, pleurisy;

"Initial symptoms"—remember that pulmonary tuberculosis does not begin with hemorrhage or night

sweats, seldom with cough. Make answers cover as nearly as possible the whole period of illness, and not only the day on which patient applies for treatment. If the patient wishes examination but says he is not ill, remember that unless he probably had good reason for applying for treatment he would not have done so. Every patient can tell to what cause he attributes his illness;

"Disease first recognized"—earliest date when pulmonary tuberculosis became evident by physician's examination or by definite symptoms;

"Now complains of"—cough, weakness, dyspnoea, pain in chest, loss of flesh, etc. (describe below in proper spaces);

"Weight normal"—not the maximum. Try to obtain the normal;

"Throat symptoms"—yes, no, recent, or date of;

"Appetite"—good, bad, failing, improving;

"Indigestion"—yes, no, recent, prolonged;

"Bowels"—constipated, recent, habitual;

"Diarrhoea"—occasional, severe, for how long;

"Sleep"—normal, disturbed;

"Fever"—recent, for how long, marked, slight, time of day;

"Chills"—slight or severe, for how long;

"Night sweats"—copious, severe, occasional, cold;

"Weakness"—degree of, for how long, usually in afternoon;

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"Cough"—severity of, during day or night, spasmodic vomiting after cough;

"Expectoration"—ounces in 24 hours (estimated), watery, purulent, hard to raise;

"Dyspnoea"—on exertion or constant, degree of, recent or of long standing;

"Haemoptysis"—be sure that epistaxis is not mistaken for haemoptysis; give date of each attack and amount of blood (estimated);

"Pain"—left or right, front or back, yes or no.

It is not enough to write down just the answer of the patient. What are needed are facts. No history at all is better than a faulty one. Go over the questions again and again if necessary. Remember that what is important to the physician often appears of no consequence to the patient. Most important are possible sources of infection, contributing illnesses, and the earliest symptoms and date of failing health.

Sec. 123. All histories with the later history card (Form 68 L), throat history (Form 99 L), diagram card (Form 211 L), clinical record card—sputum, blood, urine, X-ray (Form 212 L), and district nurses reports (Form 44 L), are filed by year and number in envelope (Form 77 L).

The following system of filing is used:

(a) Active cases under observation. These are kept in the registration room, filed in four groups of week each—i. e., those who have called three weeks, two weeks and one week previously, and during the current week. The cases are shifted to the current week as they visit the clinic. In each group the histories are filed according to year and serial number.

(b) All records of inactive cases (non-tuberculous, discharged, transferred, in hospital, not found, etc.). These are filed in one index in the record room, according to the year they first come under observation, and by number under each year.

(c) Dead cases (obtained from daily tuberculosis death list).

A name index (Form 242 L) is also kept. In all cases referred to the clinic, the physician or institution referring the case is to be notified by letter from the Executive Office of the result of the examination.

If an applicant for examination is apparently not tuberculous, a skeleton history is made out and sent to the physician who decides as to the final disposition of the case.

Recommendations by the attending physicians for the admission of cases to hospitals are referred to the Executive Office of the Tuberculosis Clinics by card (Form 42 L), whence they are referred to the Hospital Admission Bureau by telephone.

Cases for Otisville, Ray Brook and other sanatoria are referred on special cards (Forms 214 L and 257 L) to the Executive Office of the Tuberculosis Clinics.

All deaths from tuberculosis, as reported daily by the registrar, are looked up in the clinic records; such histories are filed separately.

Sec. 124. The Chief of Clinics for each Borough, in addition to supervising the work of the clinics under his charge, submits each Monday a report (Form 156 L) through the Executive Office of the Tuberculosis

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Clinics, giving the number of patients seen during the previous week, classifying them as old, new, male and female, under observation at home, receiving extra diet or referred to hospitals and charitable organizations and the number of prescriptions issued.

He also submits an annual report of the work performed, makes inventories of stock of blanks at stated intervals, and keeps a diary of current events.

Sec. 125. Sputum and urine specimens are placed by the patients in the covered box provided for that purpose, and at the close of the day are forwarded to the Diagnosis Laboratory, duplicate slips (Forms 261 L and 96 L) accompanying each and numbered to correspond with the patient's history number. All results of examination are noted on the clinical record card (Form 212 L), which is filed with patient's history.

Sec. 126. All new cases of tuberculosis are reported at once, directly to the captain of the district nurses for that district; also all changes of address, discharges, etc., etc. Doubtful cases, later proving tuberculous, are similarly reported. All new cases of tuberculosis in children under sixteen years of age are to be reported by card (Form 83 L), to the Executive Office of the Tuberculosis Clinics, with recommendation as to whether child should be allowed to attend school. All reports and recommendations are forwarded from the registration room.

Sec. 127. In the examination rooms the patients at their first visit are weighed, the body temperature, pulse and general condition noted on the history card; a complete physical examination made, the results

noted on history card, and also on diagram card (Form 211 L), and a record made of treatment ordered or recommendations for X-ray examination, extra diet (milk and eggs, from the Auxiliary in Manhattan and the Brooklyn Bureau of Charities in Brooklyn), admissions to hospitals, or discharges from the same.

Sec. 128. The result of the physical examination is dictated to the clinic nurse by the physician, the following system of abbreviations being used in every instance:

Only the extent of lesion is shown on diagram card.

Expansion	.....	Expansion
Diminished	.....	-
Absent	.....	0
Vocal Fremitus	.....	V. F.
Increased	.....	V. F. +
Diminished	.....	V. F. -
Absent	.....	V. F. 0

PERCUSSION:

Impaired	.....	||||
Dull	.....	||||
Flat	.....	□
Respiration	.....	R.
Harsh	.....	R. +
Diminished	.....	R. -
Absent	R. 0
Broncho Vesicular	B. Br. v
Expiration	E.
Prolonged	Eg.
High Pitched	Eh.

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Vocal Resonance	V. R.
Increased	V. R. +
Diminished	V. R. --
Absent	V. R. O
Broncophony ,	Broncoph.

Rales:

Fine	
Medium	
Coarse	
Friction Sounds	

Sec. 129. The patient receives thorough instruction from the attending physician as to diet, mode of living and exercise; special effort being made, where hospital care is indicated, to induce the patient to enter in institution; in addition, a circular of instruction, "Advice for patients," printed in the language that the patient speaks, is supplied: German (Form 139 L), Hebrew (Form 147 L), Italian (Form 155 L), English (Form 172 L).

Sec. 130. Medicines are ordered on prescription (Form 39 L) from the clinic formulary (Form 258 L), and are supplied from the drug room, patients being instructed to wash empty bottles before returning same; special prescriptions for medicines not in the formulary are obtained from the Drug Laboratory, through the Executive Office of the Tuberculosis Clinics.

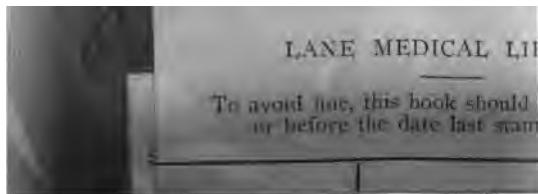
Sec. 131. Every new applicant is referred to the throat room for examination and treatment. Cases in which the diagnosis is doubtful are referred to the X-ray room, where a radiograph is made and kept on file and the result recorded on clinical record card.

Sec. 132. Every new case of tuberculosis is visited at least once a month by a nurse. Her report of the home conditions (Form 44 L) when returned is submitted to the attending physician for his information and signed by him. It is then filed with the history, any special information being added to the patient's history card for the information of the physician. The nurse repeats her visits at least once a month, and oftener if necessary. Before revisiting case, the nurse obtains the history card from clinic, enters her report thereon at the time of her visit and returns same within twenty-four hours. Suggestions as to diet and general treatment are noted by the physician for the nurse's information.

Sec. 133. In connection with the examination and treatment of cases, the following points are observed: Each new patient is carefully studied, and at first and subsequent visits an earnest effort is made by the physician to gain that confidence, and to exercise that moral control of his patient which is necessary to good results. To this end, if it seems advisable, the patient is frankly told the nature of the disease, the result of the sputum examination, the weight, and the general prognosis. This information is, however, given only to patients or to those accompanying them.

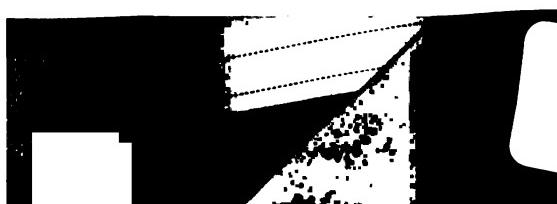
The great importance of proper and sufficient food, fresh air, and hygienic daily living is emphasized.

Sec. 134. A final diagnosis is made as soon as possible and is entered in the journal. At each subsequent visit of the patient, the body temperature, weight, pulse, medication and general condition are noted on later history card (Form 68 L). A complete



re-examination of the chest, with entry on diagnosis card, is made at least once every month. Patients are advised to return as frequently as the physician considers necessary, the interval between visits being not longer than one week. All patients remaining under treatment revisit clinic on certain days and hours of each week, according to the special sub-district of the clinic district in which they reside. On that day and hour of each week the district nurse of that sub-district attends the clinic, thus getting in closer touch with the patient, promoting the work of the clinic, and giving valuable information to the attending physician. When required to return for a special purpose (tuberculin test, radiograph, etc.), they are given a special card (Form 5 L). No patient is refused examination and such medication as is necessary; those having no tuberculous lesions are referred to general hospitals and dispensaries. If for any reason the physician considers that a tuberculosis patient should not receive further treatment, the latter is referred to the Chief of Clinic, with a brief statement of the facts in the case. No patient is discharged as free from tuberculosis if there is cough and expectoration, unless three negative sputum reports have been received, and the physical signs and general history fully warrant such action.

Sec. 135. Deserving patients who are in need are recommended for financial assistance by the attending physicians, and such recommendations are forwarded on card (Form 42 L), through the Executive Office of the Tuberculosis Clinics to the Charity Organization Society, Association for Improving the Condition of the Poor, United Hebrew Charities, Brooklyn Bureau of Charities, etc.



MILK AND EGGS.—Milk (two quarts daily for one month), eggs (three daily for two weeks), are issued in deserving cases, and are supplied to Manhattan cases through the Woman's Auxiliary of the Manhattan Tuberculosis Clinics of the Department of Health, and to Brooklyn cases through the Brooklyn Bureau of Charities, requisition for the same to be made direct.

Sec. 136. RULES FOR ATTENDING PHYSICIANS.—(a) The attending physicians must arrive punctually at 10 A. M., 2 P. M., and 8 P. M., and must enter the time of their arrival and departure on the regulation time sheets kept for that purpose in the registration room. If for any reason a physician is prevented from attending his class, he should notify the clinic promptly by telephone.

(b) No tuberculous patients may be discharged except by their own request, and previous to discharge patients considered to be cured must be examined and their discharge approved by the Chief of Clinic.

(c) Prescriptions must show the date, patient's clinic number, and the physician's signature. Each prescription must be recorded on the history card in every instance.

(d) If the physician desires that the patient should be revisited by the nurse, enter a hospital, receive charitable aid, be discharged from treatment or transferred to other classes, he must state this fact on the history card.

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(e) The system of signs and abbreviations adopted by the Department of Health must be used in all cases to indicate on the history diagram the result of the examination of the chest.

(f) All patients must be told to attend the class at which the district nurse of their sub-district is regularly present. Patients applying for emergency treatment, however, must be examined and treated by the physician to whom they may be temporarily assigned.

(g) Medicines will be supplied only to *bona fide* patients of the clinic. Prescriptions will not as a rule be renewed except for patients personally attending the clinic or on presentation of their admission card, but exceptions may be made for good reasons and at the discretion of the attending physician. When the clinic formulary is not used, prescriptions must be approved by the Chief of Clinic.

Sec. 137. CLINIC NURSES.—One nurse in each tuberculosis clinic of the Department of Health is detailed as "nurse-in-charge," all the other nurses, hospital clerks, cleaners, and other employees (except the attending physicians) being under her orders. She is responsible for the general conduction of the work of the clinic. The remaining clinic nurses are assigned to duty in the registration room, throat room, examination or drug rooms. Nurses on duty in the registration room take the histories of all new cases, look up histories of all old cases, enter cases in daily journal, forward reports and recommendations, etc., etc. The throat room nurse has charge of all instruments and the washing and sterilization of same. She also fills out a throat history for each new patient, and enters results of examination on the same. The

examination room nurses take the temperature, pulse and weight of all patients, new and old; prepare patients for examination; have histories ready, and enter results of examination as dictated by the physician.

All nurses assist in preparing clinic supplies when not otherwise engaged, and all maintain general supervision over the patients, seeing that they are supplied with and use sputum pouches, that they hold paper napkins before the mouth when coughing, that drinking cups are only used once and then thrown into the receptacle provided, etc.

In addition to the rules of the Department of Health for all employees, the following special regulations apply to clinic nurses:

Sec. 138. RULES FOR CLINIC NURSES.—The white gowns furnished by the Department must be worn while on duty; nurses must report promptly at 9 A. M. and remain until 4 P. M., or later if necessary. At the night classes, nurses on duty report at 7.30 P. M.

One hour is allowed for lunch, but at least one nurse must always be in the registration room.

Each clinic nurse must see that the supplies and instruments of the room under her charge are in good order.

Thermometers must be kept in a solution of 1 to 100 carbolic acid.

All diagnostic instruments must be wiped at the close of each day's session with a cloth wet with a solution of 1 to 100 carbolic acid.

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During the noon hour all the windows and inside
doors must be opened for the airing and ventilation
of the rooms.

At the close of each class all histories must be re-
turned to the registration room.

Sec. 139. The following circular is issued by the
department, and distributed to physicians and those
interested:

"Circular of Information Regarding the Clinics for
the Treatment of Pulmonary Diseases." (Form 60 L.)

Sec. 140. THE LADIES' AUXILIARY TO THE MAN-
ATTAN TUBERCULOSIS CLINIC OF THE DEPARTMENT OF
EALTH.—This association is made up of ladies inter-
ested in the work of the Manhattan Tuberculosis
Clinic, and undertakers.

1. The direction of the boat camp Middletown: this includes everything connected with the camp, except medical care and supervision of the patients.
2. Furnishing charitable aid in worthy cases referred by the Manhattan Tuberculosis Clinics of the Department of Health; this takes the form of groceries, clothing, fuel, assistance with rent, etc.
3. Furnishing outfits to indigent applicants to Otiselle Sanatorium.
4. Supplying milk and eggs as extra diet, in suitable cases from the clinic.

MANHATTAN AND BROOKLYN ASSOCIATIONS OF TUBERCULOSIS CLINICS.

Sec. 141. The Manhattan and Brooklyn Tuberculosis Clinics of the Department of Health are members of the Manhattan and Brooklyn Associations of Tuberculosis Clinics respectively. These associations are groups of tuberculosis clinics which divide those two Boroughs into districts, all applicants being referred to the clinic caring for patients from the district in which the applicant lives; patients refusing to attend the clinics are visited by nurses of the Department of Health, and if in need of treatment are notified that they must either attend the clinic, put themselves under the care of a private physician, or enter a hospital or sanatorium. The children also, of those patients found to be tuberculous, are examined in these clinics. In the Bronx, Queens and Richmond the only tuberculosis clinics are those maintained by the Department of Health.

The Department of Health issues a circular of information regarding the Associations of Tuberculosis Clinics (Form 4 L); also reference cards used for transferring cases (Form 141 L) and folders used by charitable organizations for referring cases to the clinics (Form 18 L).

On the following pages are given the location and hours of the twenty-nine tuberculosis clinics in New York City, and maps of the Boroughs of Manhattan, The Bronx and Brooklyn, showing the boundaries of the clinic districts. No maps of Queens and Richmond are given, as each of those Boroughs constitutes a single clinic district.

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TUBERCULOSIS CLINICS IN GREATER NEW
YORK.

Sec. 142. All applicants for diagnosis, advice, or treatment to be referred to the tuberculosis clinic of the district in which they live.

MANHATTAN.

1. *St. Luke's Hospital Dispensary*, 113th street and Amsterdam Avenue.—Monday, Wednesday, Friday, 2 to 3 P. M.

2. *Harlem Hospital Dispensary*, 136th street and Lenox Avenue.—Week days, 2:30 to 3:30 P. M.

3. *Vanderbilt Clinic*, 60th street and Amsterdam Avenue.—Men, Monday, Wednesday, 9:30 to 11; Tuesday, Thursday, 1:30 to 3 P. M. Women, Monday, Wednesday, Friday, 1:30 to 3; Friday, 9:30 to 11.

4. *Health Department, West Side Clinic*—55th Street and Sixth Avenue.—Week days, 10 A. M. to 4 P. M.; Tuesday, Thursday, 8 to 9 P. M.

5. *New York Hospital, O. P. D.*, 8 West 16th street.—Week days, 2 to 3:30 P. M.

6. *St. Vincent's Hospital Dispensary*, 149 West 11th street.—Monday, Wednesday, Friday, 10 to 11 A. M.

7. *Morgagni Dispensary*, 169 West Houston street.—Tuesday, Thursday, Saturday, 2 to 4 P. M.

8. *New York Dispensary*, 145 Worth street.—Week days, 11 A. M. to 12:30 P. M.

9. *Gouverneur Hospital Dispensary*, foot of Gouverneur street.—Monday, Wednesday, Friday, 2 to 3 P. M.; Tuesday, Thursday, Saturday, 4 to 6 P. M.
10. *Good Samaritan Dispensary*, 75 Essex street.—Week days, 2:30 to 4:30 P. M.
11. *Health Department, East Side Clinic*—426 First Avenue.—Week days, 10 A. M. to 4 P. M.; Tuesday and Thursday, 8 to 9 P. M.
12. *Bellevue Hospital, O. P. D.*, foot East 26th street.—Week days, 1 to 3 P. M.
13. *St. Bartholomew's Clinic*, 209 East 42nd street.—Tuesday, Thursday, Saturday, 2 to 4 P. M.
14. *New York Nose, Throat and Lung Dispensary*, 229 East 57th street.—Week days, 3 P. M. and 8 P. M.
15. *Flower Hospital Dispensary*, Eastern Boulevard and 63rd street.—Monday, Wednesday, Friday, 2:30 to 3:30 P. M.
16. *Presbyterian Hospital Dispensary*, 70th street and Madison Avenue.—Week days, 1:30 to 3 P. M.
17. *German Hospital Dispensary*, 76th street and Park Avenue.—Week days, 3 to 4 P. M.
18. *Mt. Sinai Hospital Dispensary*, 100th street and Madison Avenue.—Week days, 10 to 11 A. M.
19. *Health Department, Italian Clinic*.—339 East 109th street.—Week days, 10 to 12 A. M.; Tuesday, 8 to 9 P. M.

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20. *Tuberculosis Hospital Admission Bureau*, 426 First Avenue.—(No district.)

21. *Health Department, Tuberculosis Boat Camp*, foot of East 91st street.—(No district).

THE BRONX.

1. *Health Department, North Clinic*, 3rd avenue and St. Paul's place.—Week days, 2 to 4 P. M.; Thursday, 8 to 9 P. M.

2. *Health Department, South Clinic*, 493 East 139th street.—Week days, 10 to 12 A. M.; Tuesday, 8 to 9 P. M.

BROOKLYN.

1. *Health Department Boat Clinic*, foot of North 2nd street.—Tuesday, Thursday, Saturday, 2 to 4 P. M.

2. *Eastern District Dispensary*, 108 South 3rd street.—Tuesday, Thursday, Saturday, 10 to 12 A. M.

3. *Health Department, Main Clinic*, Fleet and Wiloughby street.—Week days, 10 A. M. to 4 P. M.; Tuesday and Thursday, 8 to 9 P. M.

4. *Long Island College Hospital Dispensary*.—Henry and Amtly streets.—Monday, Wednesday, Friday, 10 to 11 A. M.

5. *Bay Ridge Clinic*, 60th street and 2nd avenue.—Monday, Wednesday, Friday, 2 to 3 P. M.

6. *Health Department, Brownsville Clinic*, 362 Bradford street.—Week days, 2 to 4 P. M.; Thursday, 8 to 9 P. M.

7. *Health Department, Tuberculosis Boat Camp*, foot of North 2nd street.—(No district).

QUEENS.

1. *Health Department Clinic*, 10 Union avenue, Jamaica.—Monday, Wednesday, Friday, 2 to 4 P. M.

RICHMOND.

1. *Health Department Clinic*, Bay street, Stapleton.—Monday, Wednesday, Friday, 2 to 4 P. M.

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Sec. 143. MAP OF MANHATTAN AND THE BRONX,
SHOWING TUBERCULOSIS CLINIC DISTRICTS.



Sec. 144. MAP OF BROOKLYN, SHOWING TUBERCULOSIS CLINIC DISTRICTS.



The usual data book should be completed
as follows: the data are copied below.

TYPHOID FEVER.

Sec. 145. Cases are reported (1) by physicians and hospitals on postal cards (Form 146 L); (2) by the Diagnosis Laboratory as result of examination of specimens of blood and urine (Form 11 L); (3) by complaints from citizens and others; and (4) by death certificates. Every case of typhoid fever reported is investigated by a specially trained inspector, and a complete history is obtained and filed according to address. Cases reported by hospitals are filed according to home address, and cross-referenced on a card for each hospital (Form 180 L).

Dead cases, those living out of the city, and those not found at the address given, are filed separately.

Sec. 146. On receipt of report by card or laboratory specimen it is first acknowledged (Form 129 L); then all records are searched to see if the case has been previously reported. If not, the data given on report are entered on a history card (Form 184 L), and a serial annual case number given.

Sec. 147. All cases reported are at once assigned by telephone to a specially trained inspector, who first visits the houses of the patients, including those of patients in hospitals, and obtains all required information. He then visits the attending physician or hospital, to obtain clinical data, physician's opinion as to source of infection, etc. The histories are then forwarded to the Borough office and filed in a "six weeks file," to await the time for obtaining the subsequent history. This is done by letter, the physician or hospital being requested to furnish information as to subse-

quent course and outcome of case on a special blank (Form 67 L). Should no reply be received within one week, the case is then reassigned to the inspector, who visits the attending physician or hospital and ascertains whether there was (1) recovery or death; (2) relapse; (3) perforation; (4) hemorrhage; (5) sequelae, and (6) the duration of the illness in week periods. Every hospital receiving cases of typhoid fever is visited once a week by an inspector, and histories obtained of all new cases. If the patient is ill at home, the inspector makes certain that all precautions against the spread of the disease are being observed, and leaves a copy of the hanging instruction card, "How to Avoid the Contraction and to Prevent the Spread of Typhoid Fever" (Form 178 L). When the diagnosis is uncertain, or when requested by the attending physician, the inspector obtains and forwards a specimen of blood to the Diagnosis Laboratory for examination for the Widal reaction.

A record of all assignments is kept in an assignment book.

Sec. 148. Disinfection of bedding is ordered on the termination of all "at home" cases, the assignment being telephoned to the inspector, who visits premises at once and orders removal and disinfection of bedding by telephone. Bedding is not fumigated before removal.

Sec. 149. All facts having any bearing on the source of infection are investigated by the inspector, *e. g.*, unsanitary conditions of premises, addresses of the stores whence the milk and food used by the patient was obtained, possible contamination of the water sup-

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ply, exposure to other cases of typhoid, etc., etc. In all cases where the patient is stated to have been an habitual drinker of milk, that fact, together with the address of the milk store, is forwarded to the Division of General Sanitary Inspection of the Department of Health.

Complaints as to unsatisfactory sanitary conditions, etc. (Form 3 L), based on the Inspector's reports, are forwarded to the Sanitary Superintendent for further action. All deaths from typhoid fever are reported daily from Bureau of Records on special blank (Form S L). Dead cases not previously reported during life are treated in exactly the same manner as similar cases of pulmonary tuberculosis. (q. v.) Dead cases found on investigation not to be typhoid fever are reported to the Bureau of Records for change of diagnosis on death certificate. Each case reported is at once plotted on a large composition board map of the thorough by colored tacks indicating the possible sources of infection, as follows:

White with black dot—Suspected case (changed later to—)

White—No discoverable source (water?).

Blue—Habitual milk drinker.

Green—Habitual oyster eater.

Red—Out of City during the two weeks preceding illness.

Orange—Exposed to the disease.

Sec. 150. All histories, reports, etc., are mailed to the Borough office immediately on completion of inspection.

Sec. 151. The following circulars of information are issued and distributed: "Information Regarding Typhoid Fever" (Form 34 L), and hanging instruction card (Form 178 L).

CEREBRO-SPINAL MENINGITIS.

Sec. 152. Cases of this disease are reported by physicians and hospitals on postal (Form 146 L); by the Diagnosis Laboratory from results of examination of spinal fluid (Form 11 L); by death certificates; and by complaints. The receipt of report is acknowledged (Form 129 L), and in living cases the physician is asked if he desires the case injected with the Flexner serum. A full history is obtained by an inspector in each case (home surroundings, symptoms, etc.), which, when completed, is filed according to address. Each new case reported is compared with this record. If unreported a history card (Form 61 L) is filled out with data from report card and telephoned to inspector, who visits the home of the patient within twenty-four hours, obtains all required information as to sanitary surroundings, past history of patient, exposure, etc., retaining card until termination of case. A record of all assignments is kept in an assignment book. If patient is at home, full instructions are given the family verbally and by a circular (Form 196 L) as to the nature of the disease; isolation is enforced; other tenants in house are notified; all children in family are excluded from school, a postal (Form 12 K) being sent to the school superintendent. The case is kept under supervision by the inspector,

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who sees that the rules of quarantine are observed. If they are wilfully violated, removal to hospital may be recommended. If the patient is dead, or has been removed to a hospital when inspector calls, fumigation of premises and disinfection of bedding are ordered just as in tuberculosis (q. v.) and history is returned to Borough office; the same is done after patient has recovered. Disinfection is omitted in cases where findings in spinal fluid are negative. Certificates (Form 7 J) permitting children to return to school are then issued by the inspector, and left at the house. Deaths are reported daily by Bureau of Records (Form 78 L). In all dead cases not previously reported during life, an explanation is demanded of the physician as in tuberculosis.

The clinical history of each case is obtained from the attending physician or hospital, by the special inspector assigned to that duty. Special inquiry is made regarding the use of the Flexner serum. All dead cases found not to be cerebro-spinal meningitis are reported to the Bureau of Records, where diagnosis on certificate is changed.

Every fatal case of meningitis (tuberculous, etc.), in children is investigated, and a history obtained. In tuberculosis cases special inquiry is made as to the presence of pulmonary tuberculosis in the family.

All histories when completed are mailed at once to Borough office.

Sec. 153. The following circular is issued and distributed: Circular of Information Regarding Cerebro-Spinal Meningitis (Form 196 L).

MALARIAL FEVER, PUPERAL SEPTICAEMIA, ERYSIPelas, AND PNEUMONIA.

Sec. 154. While the above are reportable diseases, the patients are at present not visited, the report postal (Form 146 L) being simply acknowledged (Form 129 L), and filed for statistical reference, and tabulation. History blanks have been prepared for pneumonia (Form 55 L), and for abortion and puerperal septicaemia (Form 136 L).

Sec. 155. All deaths reported as due to malaria are investigated by an inspector, who visits the attending physician, to inquire if case was not really one of typhoid fever, if blood tests were made, etc., and reports on a special card (Form 175 L).

Sec. 156. The following circulars in reference to malaria are issued: Notification and Microscopical Diagnosis of Malaria (Form 169 L); Prevention of Malaria (Form 163 L); Leaflet (Form 131 L).

THE ADMINISTRATION OF DIPHTHERIA ANTI- TOXIN AND PERFORMANCE OF INTUBATION.

Sec. 157. The administration of antitoxin in diphtheria was begun by the Department of Health in 1895, the antitoxin used being prepared in the laboratories of the Department.

A staff of physicians is on duty day and night in all Boroughs of the City to answer calls for the injection of antitoxin for curative and immunizing purposes, and also to perform intubation when necessary. When proper quarantine cannot be enforced, the Department removes the case to one of the Department

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hospitals. When a physician desires to inject antitoxin himself, and yet the circumstances of family are so poor that the purchase of antit would be a hardship, he can obtain the same of charge, at the Department of Health, or an its supply stations throughout the City, by sig a certificate to that effect. He must, however, su a history of the case on its termination. The De mient has records of 31,442 cases which have bee jected with antitoxin furnished by it since 1895. cluding the moribund cases, 1955 died, a mortalit only 6.2 per cent. Cases treated early in the dis give almost no mortality. (The actual sanitary su vision of diphtheria, enforcement of quarantine, d fection of premises, etc., is under the care of Division of Contagious Diseases.)

Sec. 158. Tetanus Antitoxin. The antitoxin spectors also administer tetanus antitoxin on req in cases of suspected lockjaw, wounds from toy pis etc., the same precautions being observed as in the of diphtheria. Twenty c. c. is the dose. For one before and two weeks after the Fourth of July inspectors keep on hand a sufficient supply of tet antitoxin.

Sec. 159. The City is divided into antitoxin tricts as follows:

Manhattan	4 districts—8 inspectors
Brooklyn	2 districts—4 inspectors
Bronx	1 district—2 inspectors
Richmond	1 district—1 inspector
Queens	1 district—2 inspectors

Sec. 160. All inspectors, with the exception of the one in Richmond, are on duty every alternate 24 hours from 6 A. M. to 6 A. M., and every other Sunday and holiday. While on duty they keep in constant touch with the Borough office, calling up from the nearest telephone as soon as an inspection is completed, to report the facts regarding the case just seen, and to receive new assignments. While on duty and away from their homes the inspectors are either to call up the Borough office at least every hour or to notify the Borough office where they can be reached by telephone. The inspectors give primary injections for curative and immunizing purposes, reinjections when requested, take primary cultures and perform intubation and extubation, when the latter is requested by the attending physician.

Sec. 161. Requests for the injection of antitoxin, for immunization, or intubation, are received:

By telephone at the various Borough offices (Manhattan, 4900 Columbus; Bronx, 1975 Tremont; Brooklyn, 4720 Main; Queens, 1202 Jamaica; Richmond, 440 Tompkinsville).

By letter, visit in person, or postal card (there is a space for requesting injection on the card used for reporting a case of diphtheria) (Form 146 L).

By culture, the request being made on the culture slip.

By employees of the Division of Contagious Diseases, of cases under their sanitary supervision which are not receiving treatment.

By complaints.

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Sec. 162. ROUTINE PROCEDURE.—Every request for injection is entered on a record card (Form 93 L), showing name, age and address of the patient, hour received, and the nature of the request (injection, intubation, etc.). These cards form the records of the cases. Subsequent reports from inspectors are received by telephone and entered on record card, together with the hour report was received. Immediately after seeing case, the inspector goes to the nearest telephone and reports the following facts: duration of the disease, location of lesion, amount of antitoxin given, and number of other persons immunized; also if case was placarded. All these data are entered on record card. The clerk on telephone duty submits a report (Form 262 L) in writing to the Division of Contagious Diseases, giving the names and addresses of all cases of diphtheria reported for antitoxin injection.

Completed cards are filed by address. The statistics are compiled weekly for each Borough by the Borough Chief on a special blank (Form 251 L). In addition, a weekly record is kept of the total number of cases of and deaths from diphtheria in each Borough, and the case fatality.

On receipt of a request for injection, the call is telephoned at once to the proper inspector, the hour at which he was reached being noted on the card. Requests for injection are attended to within two hours. Delays must be explained. In all cases assigned for antitoxin injection the inspector must carry the intubation set with him for possible emergency use.

Requests for intubation or extubation are attended to at once. Immunization calls, if received after 6

P. M. may wait until the following morning to be done by the inspector who was on duty when the assignment was made. Where immunization of large numbers of children in institutions is requested, several inspectors are assigned to the work.

Sec. 163. Each inspector is furnished with the following outfit: One leather hand bag with removable metal trays, containing vials of antitoxin and anti-toxin syringe in case, with needles, and cannula; bottles of tincture of green soap, alcohol, and whisky; silk for intubation tubes; absorbent cotton; sterilized gauze cut in small squares; culture tubes, swabs and slips; safety pins; medicine droppers; hypodermic syringe in case with needles, and 1/100-grain strychnine tablets; diphtheria placards and intubation set. These bags are inspected once a month.

Antitoxin is furnished for the special use of inspectors in 10 c. c. bottles containing at least 8,500 units; also in 5 c. c. glass syringe antitoxin containers. It is obtained from the Chief Clerk in each Borough office, between 9 A. M. and 5 P. M. At other times it may be obtained at supply stations, in case of emergency, by signing a "free slip" (Form 54 L). In Manhattan and The Bronx it can also be obtained between 5 P. M. and 9 A. M. from the office of the Division of Contagious Diseases. Inspectors are to use this latter source of supply only in emergency. All other supplies are obtained from the Borough offices.

Sec. 164. On reaching the patient, the syringe and needles are boiled in the case provided for that purpose, and allowed to cool before antitoxin is drawn into them—otherwise it will coagulate. The prefer-

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able site of injection is into the loose cellular tissue of the lateral abdominal wall, or the loin. The skin is washed with tincture of green soap, followed by alcohol. The skin and cellular tissue are caught between thumb and fingers and needle inserted laterally. Injection *must be made slowly*, to avoid subcutaneous abscess. Upon withdrawal of the needle, a piece of cotton wet with alcohol is fastened over the point with adhesive plaster.

Sec. 165. The amounts of antitoxin given follows:

Under two years—From 3,000 to 5,000 units.

Over two years—From 5,000 units and upward.

These doses are repeated in twenty-four hours according to the severity of the case.

In severe cases, especially those complicating broncho-pneumonia, possibly caused by the diphteroid bacillus, massive doses of 20,000 to 40,000 units may be given.

In giving antitoxin for immunizing purposes the same precautions are adopted as above, except that the needle need not be resterilized for children in the same family. For immunizing purposes the dose is

Under two years.....at least 300 units.

Over two years.....at least 500 units.

This should protect from two to three weeks. As many immunizations as possible are done, not only in the immediate family of the patient, but also in other families on the same floor and in the

house. This is to prevent the spread of the contagion, which is as important as the cure of the original case. Since January 1, 1895, immunizing injections of antitoxin have been administered to over 80,000 individuals by the inspectors of the Department of Health, and by physicians (free cases only). Of these individuals, 182 (0.2%) contracted diphtheria of a mild type; only one case so far has terminated fatally. The character of the work of the inspectors is judged largely by the number of individuals immunized, as well as by the number of cases treated, or by the result of such treatment.

Sec. 166. A culture is taken at the first visit in each case, unless it is certain that it has already been done by the inspector of the Division of Contagious Diseases, or the family physician. In cases where a culture should be taken, but where it is impossible to do so (intubation cases) the inspectors fill out and forward a culture slip, stating on the same the reason for not taking the culture. If taken before 4 P. M., this culture, with properly filled out slip, is left at the nearest supply station, a list of which stations (Form 206 L, Form 105 L) is carried by each inspector. After 4 P. M. the inspector brings or sends the culture to the Borough office, where it is put in the incubator.

In all cases of diphtheria (except those in private houses or hotels) where it has not already been done, the inspector affixes a placard to the door (Form 155 J).

Sec. 167. Every true case of diphtheria is revisited the day after injection (to reinject if necessary) and

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again on the day after reinjection; on the fourth day (in severe cases); and on the fourteenth day, to ascertain the occurrence of rashes, sequelae or complications, cause of death, etc. It is not obligatory on the inspector to reinject within twelve hours of the first injection.

Cases where only immunization was done, are to be revisited on the fourteenth day. This applies also to cases of immunization by ambulance surgeons, and to cases in which culture does not show diphtheria bacilli.

Re-visits and final visits are made by the inspector who performed injection.

Sec. 168. Injection must never be refused, but in doubtful cases, with the consent of the attending physician, it may be postponed twenty-four hours to await the result of examination of culture. At request of attending physician, doubtful cases are considered and treated as true cases of diphtheria. *Inspectors must not comment on nor criticise in any way whatever, the diagnosis or treatment of cases to which they are sent to inject antitoxin.* All questions put by relatives should be referred to the family physician for reply. In many cases where the necessary quarantine is wilfully disregarded or cannot be observed, the inspector recommends that case be removed to a hospital. If family's consent is obtained, he requests the Division of Contagious Diseases, by telephone, to send a diagnostician. Except in intubation cases no case is to be ordered to a hospital before a Diagnostician of the Department of Health has seen it. In Manhattan, such cases go to the Willard Parker Hospital; in Brooklyn and Queens,

to the Kingston Avenue Hospital; in Richmond, to the Smith Infirmary, and in The Bronx, to the Riverside Hospital.

Sec. 169. Every case of diphtheria requiring intubation, where the attending physician is not familiar with the operation, should be removed to a hospital, where it may be watched and the tube immediately removed or replaced, as occasion arises. The inspector urges such removal in every case; where consent is not obtained from the physician or the family, warning of the possible dangers is given. The Department does not hold itself responsible for the outcome of such cases. Attending physicians, when requesting intubation, are notified that they should be present at the operation, as otherwise the case may be removed to the hospital if deemed advisable. When the proper district inspector cannot be immediately obtained to answer requests for intubation the other inspectors in that Borough, in the order of their proximity to the case are to be notified one after the other until one is obtained. Failure to get into communication with any of the inspectors of the Borough is to be followed by a wait of one-half hour when the operator will again call the inspectors of the Borough in order. Then, if necessary, an antitoxin inspector from any other Borough may be assigned to the duty. In all cases where a hospital ambulance is sent, whether the patient is removed to a hospital or not, the ambulance surgeon does the necessary injecting and immunizing. All placarding, culture taking, etc, are done by the antitoxin inspector. (Ambulance surgeons also immunize all children in the families of all cases removed to hospital, all data being telephoned from the hospital to the Division of Contagious Diseases.)

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Sec. 170. Each inspector receives thorough instruction and practice in intubation, under the guidance of a skilled instructor. The intubation set furnished includes the following: Gag, introducer, extractor (2 sizes), set of tubes (6 mos., 9 mos., 1-year, 2-year, 3-year, 4-year, 5-year, 10-year), with obturators. The handbag contains the other necessary articles. Extra tubes with obturators are kept on hand, as follows:

- 3 six-mos. size.
- 3 nine-mos. size.
- 3 one-year size.
- 3 two-year size.
- 1 three-year size.
- 1 four-year size.
- 1 five-year size.

Each obturator is specially fitted to its tube, and is to be kept in same. A tube must not be used with a misfit obturator. All tubes must be kept constantly threaded with 18 inches of silk thread.

The fine corrugations on the jaws of the extractor should be distinct and rough to the touch. The jaws of the gag should be smooth and the notches in the holder clean cut. The introducer must always be moistened with a drop of oil at the slide.

Sec. 171. The indications for intubation are:

- Labored or insufficient respiration.
- Cyanosis.
- Dilation of the alæ nasi.
- Insuction of supra-clavicular spaces and violent action of the diaphragm.

Sec. 172. From the patient's family are obtained a plain, wooden kitchen table, a clean sheet, folded so that it will reach to the child's shoulders and overlap, when tightened around the child, and a basin of hot water. An assistant to hold the head is necessary. The child's clothing is removed down to the waist, and the patient is placed flat upon the back upon the sheet, which has been laid on the table. The sheet is then wrapped snugly about the patient, reaching from the shoulders down, confining the arms to the side. It is fastened with safety pins inserted along the far side of the patient. The assistant holds patient's head firmly with both hands, with chin well up. In children over one year, the gag is then inserted and opened widely. The introducer, fitted with proper size tube, is taken in right hand, letting string dangle. The left forefinger is inserted into the pharynx until it reaches the epiglottis, holding it out of the way. The tube is then introduced, following the left forefinger as a guide. The cap of the tube is held with left forefinger tip and introducer withdrawn. The finger is then withdrawn, the gag loosened, and the throat swabbed out with a gauze square. If tube is properly inserted, child will breathe better immediately, and start to cough with a characteristic metallic sound. If cough is insufficient, a drop of whiskey and water, introduced by medicine dropper, will accelerate it. In a few minutes, if everything is satisfactory, the ligature is removed. (This is done by reinserting finger, cutting off knot, and holding cap while string is pulled out.) The gag and sheet are then removed. Skillful intubation should not take more than three seconds. Avoidance of any of the above routine will not hasten the performance of intubation.

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SPECIAL RULES.

Sec. 173. Exchange of assignments can only be made with consent of Borough Chief. All exchanges of duty to be reported in writing by the inspector performing the work.

Special reports must be made on proper blank (Form 3 L).

When an antitoxin inspector discovers a case of scarlet fever that is not reported or placarded as such, he is to note fact on culture slip with a question mark as follows, "scarlet"? , and also to inform the Division of Contagious Diseases by telephone.

In filling out culture slips, write correct name and address of attending physician legibly. Also write patient's name and address on the tube.

Antitoxin must be kept in a cool place; never in the pocket or bag overnight. A bottle once opened must never be used subsequently. Empty bottles and containers must be returned at intervals to Borough Office.

Intubation sets must be kept in perfect order and ready for use. After performance of intubation all instruments must be washed and boiled before being put in case. Intubation tubes must be accounted for. When the patient goes to a hospital, with tube in throat, a report of all essential facts must be made at once, so that it may be recovered. Tubes in at-home cases must be recovered by inspectors. In case patient dies with tube in throat, it is not to be removed.

In cases intubated by the inspector, that are to be removed to a hospital, the inspector must remain with the patient until the ambulance arrives.

All new instruments, tubes, needles, etc., required for use by the antitoxin inspectors are obtained from the Borough Chief of each Borough. Old instruments to be repaired are returned to Borough Chief, who labels and forwards them to the Executive Office of the Division.

If the inspector fails to find the patient at the address given, he must obtain the correct address at once from the attending physician, using the nearest telephone. He must then telephone the correct address to the Division of Contagious Diseases.

Never inform the family that a case is not one of diphtheria, unless the consent of the attending physician has been obtained.

Sec. 174. NOTE.—Diphtheria antitoxin is furnished by the Department through its supply stations (lists on application: Form 206 L—Form 105 L), free of charge to physicians, under the following conditions:

The physician must sign a certificate (Form 44 B) to the effect that the family of the patient is unable to pay for the antitoxin.

On termination of the case by death or recovery, he must forward a history of the case on the blank furnished for that purpose (Form 44B). Should he fail to do so, such a history is requested by letter (Form 8 L).

These histories are tabulated as received, and the statistics compiled at the end of each year.

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Sec. 175. A circular (Form 76 L) is issued which gives full information as to the causation, mode of spread, prevention and treatment of diphtheria. This is distributed to physicians throughout the City.

DIAGNOSIS LABORATORY.

Sec. 176. The work of the Diagnosis Laboratory consists of:

The free examination for physicians of (1) cultures from cases of suspected diphtheria, (2) sputum for tubercle bacilli, (3) blood for Widal reaction, (4) urine for Ehrlich's reaction, (5) blood for malarial plasmodia, (6) spinal fluid for meningococci, (7) pus for gonococci, and (8) blood for the glanders agglutination reaction. The preparation and distribution to supply stations of diphtheria, sputum, typhoid (blood and urine), malaria, meningitis and gonococcus outfits.

Sec. 177. All specimens received during any given day are examined on the morning of the following day, and the results of examinations are reported by mail to the attending physicians by 1 P. M. Results of examinations of primary diphtheria cultures, and of typhoid, meningitis, and malarial specimens are telephoned to the attending physician when his telephone number is given. Diphtheria cultures are examined and reported on Sundays and holidays, as well as on week days.

The laboratory is open from 8 A. M. until 5 P. M. On Saturdays, Sundays and holidays from 8 A. M. to noon. The laboratory consists of the office of the

Assistant Director, receiving, wash, sterilizing rooms, a sputum preparation room, a preparation room (for all specimens other than sputum), a large laboratory where examinations are made, a supply room where outfits are prepared, a store room, a lavatory and an office for the clerical force that sends out reports of the results of examinations.

Sec. 178. All specimens brought in for examination go at once to the receiving room. There they are opened, dated, and slip and specimen marked with a corresponding serial "day" number; thence they go to the sputum or to the preparation room, where slides, with corresponding day number, are prepared. After examinations are completed specimens go back to the wash room to be sterilized in the autoclave and destroyed. No specimens (except diphtheria cultures) are taken into the examining room. All culture media and swabs are prepared in the supply room. The entire laboratory is thoroughly cleaned every night beginning at 7 P. M. Floors and wood-work are washed with 5% carbolic acid solution, and desks scrubbed with scouring solution.

Sec. 179. The Assistant Director keeps a daily record (Form 22 LL) of work performed, and forwards a weekly report (Form 192 L) at 10 A. M. every Monday, giving number of culture tubes, swabs and other outfits prepared, collections made, and microscopical specimens prepared and examined, classified as to nature, results, and Boroughs. He also forwards an annual report of the work of the Diagnosis Laboratory, takes inventories of stock of blanks at stated intervals, and keeps a diary of current events.

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Sec. 180. The following circulars relating to the general work of the Diagnosis Laboratory are issued: On the Work and Products of the Laboratories of the Department of Health" (Form 105 L); "Notice to Physicians Regarding the Work of the Laboratory" (Form 1 L). List of Supply Stations and Information Concerning the Division of Communicable Diseases (Form 206 L).

DIPHTHERIA.

Sec. 181. Outfits supplied to physicians consist of 1) culture tube (slant of Loeffler's blood serum), 2) tube containing sterile cotton swab on wire, (3) culture slips, giving full instructions and calling for necessary data, (a) white "primary slip" (Form 21 L) for first or primary cultures, (b) blue "later slip" (Form 26 L) for secondary or later cultures, and (4) brown paper envelope (Form 195 L) to contain tube, swab and slip, directed to the Diagnosis Laboratory, Department of Health. The "primary" and "later" slips used in the various Boroughs and by the Department hospitals are stamped as follows in large letters to facilitate their ready recognition: those in Manhattan unstamped; in Brooklyn, B; in Queens, Q; in Richmond, R; in Bronx, Bx; in Kingsbridge Ave. Hospital, K; in Willard Parker Hospital, P.; in Riverside Hospital, N. B.; and in other institutions, C. Cultures taken in the Willard Parker, Riverside and Kingston Avenue Hospitals of the Department are also accompanied by a list (Form 28 L) giving name, address, and day number. This day number is given at the hospital, and marked on tube, envelope and list.

Sec. 182. EXAMINATION.—Each "primary" culture tube, when brought in at night by the collector, is marked with a serial "day" number ("later" cultures with letters) placed serially in a rack, and incubated for fourteen hours over night. In Brooklyn, Bronx, Queens and Richmond, this marking and racking is done at the respective Borough offices, and the cultures are brought to the Diagnosis Laboratory on the following morning. Preparation of specimens for microscopical examination begins at 7:00 A. M. By means of a platinum loop thin films of the growth on the culture medium are spread on glass slides (marked with corresponding day number or letter), three films on a slide, dried, fixed with heat, and stained with Loeffler's alkaline methylene blue solution. Microscopical examination begins at 8:30 A. M., at which time the slides, tubes, culture slips and lists are ready. All specimens are examined by each of two bacteriologists, the diagnosis being arrived at by taking into consideration (a) the microscopical picture, (b) the cultural characters of the growth, and (c) the clinical data as furnished by the physician.

Sec. 183. In the proper square on each slip are placed the date, result of examination, and initials of bacteriologists. The results are also marked on the lists. The following abbreviations are used:

- "L" Diphtheria bacilli present.
- "No L"..... No diphtheria bacilli present.
- "No L 1"..... Another culture requested; clinically diphtheria.
- "No L 2"..... Another culture requested; suspicious bacilli.

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'No L 3".....Another culture requested; lesion
in larynx.

'No L 4".....Another culture requested; culture
contaminated.

'No L 5".....Another culture requested; no
growth.

'Strep"Streptococci present.

'Morph. Ident."...When cultures from the eye, ear,
vagina, etc., show the presence
of apparently typical diphtheria
bacilli, such bacilli are reported
as being morphologically identical
with the diphtheria bacillus.

In case of scanty or insufficient growth on the
culture medium, the word "scanty" is written across
the upper right-hand corner of the slip, and the cul-
ture tube put back in the incubator. Scanty "pri-
nary" cultures from cases with a clinical diagnosis
of diphtheria, age less than eighteen years, and media
in good condition, are re-examined at 5 P. M. the
same day (except Saturdays) and results reported.
All others are examined on the next morning, after a
preliminary report (Form 59 L) has been sent to the
attending physician stating the cause of delay.

Sec. 184. TEST FOR VIRULENCE.—Cultures showing
apparently typical diphtheria bacilli are tested for
virulence (1) on request of attending physician; and
(2) in all cases where original clinical diagnosis of
diphtheria was doubtful, and duration of disease four
weeks or over. The culture tube, a duplicate micro-
scopical preparation, and duplicates of original

"primary" and "later" slips are sent to the Research Laboratory of the Department of Health as soon as possible. A card index is kept of all data and results (Form 205 L). When virulence or non-virulence has been determined through test on animals (requiring about ten days) the result is forwarded by mail to the Diagnosis Laboratory, entered in the index and the attending physician, diphtheria clerks and Division of Contagious Diseases are notified.

Sec. 185. On completion of examination the culture tubes are sterilized in the autoclave, the contents are removed and the tubes are then boiled four times in a steam boiler; once in soda solution, twice in soap solution, and once in plain water. After drying they are once more ready for use.

On completion of daily examination the glass slides are stored in a cabinet for twenty days for possible reference, and are then destroyed.

Sec. 186. RECORDING AND REPORTING OF RESULTS.— After the result of examination has been reported, all culture slips are filed according to address of the patient in printed envelopes (Form 30 L), in the various Borough offices, thus constituting a record.

All culture slips, as soon as brought in, are stamped with the date of collection, given a serial number or letter corresponding to that of the culture tube, and are then compared with the above-mentioned diphtheria index. According to result of comparison they are classed as follows:



"Primary" Slips.....No previous culture to
"Confirmatory" Slips.....A previous culture, but
result negative or doubtful.
"Later" Slips.....Previous culture showing
the presence of tubercle bacilli.

When the wrong slip has been used (white for "primary" or blue for a "confirmatory"), the word "primary" or "confirmatory" or "later," as the case may be, is written across the face of the slip. In the case of "confirmatory" cultures all previous slips are attached together with the original "laboratory" or "culture" number written on the slip. In Brooklyn, Bronx, Queens and Richmond the above marking is done by collector on his return from his route.

Sec. 187. The collectors make out every nightlicate "laboratory" and "culture" lists (Form 1) for each Borough. The "laboratory" list contains day number, and name, age and address of patient, attending physician's name and telephone number, diagnosis, and nature of the culture (primary or later). It is carried to the Diagnosis Laboratory and filed there. The "culture" list of each Borough is left in the Borough office; on it are marked the results of examination as received by telephone each night from the Diagnosis Laboratory. After retelephoned to the attending physicians, this night culture list is forwarded to the Borough Office of the Division of Contagious Diseases.

As soon as the examination of the cultures of each Borough is completed, the slips are forwarded to the various Borough offices by messenger.

Sec. 188. ROUTINE PROCEDURE IN BOROUGH OFFICES.
—The results of examination of all primary cultures taken from the culture list are first telephoned to the attending physician. In the case of Brooklyn cultures this is done from the Manhattan office. Inquiry is made as to whether antitoxin has been used, and its free administration by the Department is preferred.

Each "primary" slip is then assigned a serial "laboratory" or case number (running from January 1st to December 31st).

The "culture" list (Form 6 L) sent daily to the Division of Contagious Diseases gives the following information:

(a) "Primary" cultures.—Duration of disease, clinical diagnosis, name, age and address of the patient, name, address, and telephone number of attending physician, whether taken by inspector or physician, and result of examination.

(b) "Later" cultures.—The same information with the exception of clinical diagnosis.

(c) "School" cultures.—Name, age, and address of all cases where the cultures taken by school inspectors show diphtheria bacilli.

Written reports for mailing are made out on special blanks, as follows:

Primary "L" (diphtheria bacilli present) (Form 22 L), red.

"No L" (diphtheria bacilli absent) (Form 24 L), white.

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Later "L" (diphtheria bacilli present) (Form 57 L), blue.

"No L" (diphtheria bacilli absent) (Form 56 L), yellow.

These reports are sent to the attending physician by the Diagnosis Laboratory; and to the inspector of the Division of Contagious Diseases in whose district the patient resides, by the Division of Contagious Diseases. To facilitate the clerical work, duplicate reports are made out by the diphtheria clerks of the Diagnosis Laboratory, leaving the name and address of the inspector blank. A clerk in the Borough office of the Division of Contagious Diseases then assigns and forwards them to the various inspectors. All reports are compared with the original culture slips from which they are made out, before being signed. In Manhattan this is done by the bacteriologists; in other Boroughs by the diphtheria clerks.

All written reports are mailed before 12:30 P. M., and reach the physician the same afternoon.

All slips are filed in large manila envelopes (Form 30 L), on the outside of which are entered the necessary data.

Sec. 189. School inspectors forward two slips with each culture. A written report goes back to the inspector through each Borough office, one slip is filed in the diphtheria index of the Borough office, and the other is sent from the Diagnosis Laboratory to the Manhattan office of the Division of Child Hygiene. A culture list of all cultures taken by school inspectors is also forwarded to the Chief of the Division of Child

Hygiene. School cultures showing diphtheria bacilli are reported to the Division of Contagious Diseases in each Borough on the daily culture list, also by a duplicate report (inspector's name omitted), worded, "school culture." Such "school" cultures are listed and examined after the "later" cultures.

Sec. 190. Results of examinations of cultures from Department hospitals are reported on the special lists (Form 28 L), forwarded for that purpose from each hospital. These lists with results marked thereon, are returned by messenger or mail. The results are also telephoned to the hospitals, and the slips filed in the Borough office of the Borough in which the patient lives.

SUNDAYS AND HOLIDAYS.

Sec. 191. On Sundays and holidays the results of examination of all primary cultures are reported to the attending physician by telephone and mail direct from the Diagnosis Laboratory. The culture list for Manhattan is filled out and sent as soon as possible to telephone operator in Division of Contagious Diseases, to whom all telephone requests for information are referred. The results of the examination of all later cultures are not reported to physicians and inspectors until the following morning.

The forwarding of slips to Borough offices is deferred until the following day.

CULTURE MEDIA FOR DIPHTHERIA.

Sec. 192. The blood is obtained from cattle killed in slaughter-houses, where it is caught in jars as it flows from a knife wound in the heart after the animal

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has been stunned. The jars are then covered and allowed to stand until the blood clots, after which they are placed in cold storage. The serum is later syphoned off into clean flasks.

Loeffler's mixture, consisting of three parts serum and one part of 1% glucose broth, is used for filling the culture tubes. Four c. c. of this mixture are run into the tubes, which have previously been sterilized with dry heat for one hour at 150 degrees C.

The tubes containing the media are sterilized in the following manner: They are placed in an inclined position in the Arnold steam sterilizer and sterilized for one hour on three successive days. On the first day the temperature is not allowed to go above 90 degrees C. Ebullition is in this way prevented and the serum becomes slowly and evenly hardened. On the second day the temperature is not allowed to go above 95 degrees C. The serum, on the third day, can stand 100 degrees C. without impairment of its quality. Blank labels are then affixed when the tubes are ready for distribution. All tubes for "culture stations" are capped with paraffine to prevent drying.

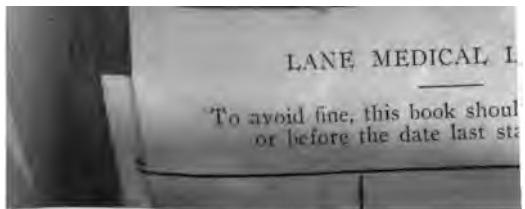
Sec. 193. The following circular in reference to diphtheria is issued to physicians and those interested: Circular of Information Regarding Causation, Diagnosis, and Treatment of Diphtheria (Form 76 L).

TUBERCULOSIS, TYPHOID (WIDAL, DIAZO), MALARIA,
MENINGITIS, GONORRHOEA, GLANDERS.

Sec. 194. The slips accompanying specimens from suspected cases of the above mentioned diseases are filed for record in each Borough office. There is a separate index for each disease. Every slip, with the

exception of those from cases of tuberculosis, is stamped by the collector on the day collected with the corresponding date at each Borough office, and given the same serial "day" number as the specimen. Each slip is then compared with the record index, when all previous slips from the same patient are attached. Tuberculosis slips are dated and marked at the Diagnosis Laboratory on the following morning. If the slip is new or "primary," it receives a "laboratory" or case number, running from January 1st to December 31st. The day number, patient's name and address, and physician's name and telephone number are entered on a special list (Form 193 L) for each Borough. The names and addresses of all cases showing "true" or "positive" results, and of negative cases which the attending physician wishes considered "true," are reported to the Borough Chief of the Borough in which the patient resides (Forms 126 and 11 L). A daily record (Form 22 LL) is kept for each Borough of the total number of specimens examined, including diphtheria cultures, and also the number of visits made to stations, number of culture tubes, swabs, sputum jars and other outfits prepared; also the number of specimens sent in by private physicians and inspectors, respectively. The written reports of the results of examination are compared with the original slips by the examiner before being signed and mailed. All slips are returned to the respective Borough offices by messenger, where a filing envelope is made out for each new slip.

The results of examination for typhoid, meningitis and malaria, are telephoned from the laboratory list to the attending physician. Results of examinations are not given to the patient, except at the request



of the physician, or when there is no physician's attendance. All examinations are limited to specimens from persons residing in New York City, at the Croton water shed.

TUBERCULOSIS.

Sec. 195. The sputum outfit furnished by the Department consists of a well-corked glass jar with the name of the Department in raised letters, a blank label, and a sputum slip (Form 38 L) containing the required data on which are given instructions for obtaining the specimen.

Sec. 196. At 6 A. M. of every week day except Saturday, the Manhattan sputum specimens collected the previous day before are prepared for examination. Bronx, Queens and Richmond specimens and Brooklyn specimens are brought to the laboratory by 9 A. M. The Brooklyn list is prepared at the close of examination. All slips, after the specimens are marked and dated, are sterilized for one hour in the Arnold sterilizer.

Four laboratory assistants are assigned to the work of preparing the specimens. Each sample of sputum is poured into a Petri dish and a moderate amount of a smear of selected portions, representing in area, is spread on a new glass slide. The "day" number is marked on the slide with a diamond. The slides are dried on an Ehrlich plate, and placed in aluminum racks, fitting in aluminum trays. There are held sixty slides. The slides are immersed in aniline fuchsin water, and heated to steaming for ten minutes, washed in water, decolorized in acid

(3% hydrochloric acid in 70% alcohol), and counter-stained with methylene blue. A blank label for marking result of examination is then affixed. Specimens of sputum which do not show tubercle bacilli by the above method of staining are also examined by the antiformin method. The sputum is mixed with twice its volume of antiformin in the jar used for collecting the specimen. A number of these jars are then placed in a large "shaker." After thorough shaking and prolonged standing, the contents of the jars are centrifuged and smears made from the sediment. These are stained in the usual manner. Watery, oily or dried samples receive special attention on the following morning. Leaky or improperly preserved specimens are not examined; notice of which fact is sent to the physician concerned (Form 173 L). Microscopical examinations begin at 9 A. M. Twelve laboratory assistants are detailed for this work. A rapid, superficial examination is first made to exclude all specimens showing a large number of tubercle bacilli. The remaining specimens receive a millimetre search by the use of a mechanical stage. Results of examination are marked on the slide; also in the proper place on the slip, together with the initials of the examiner, and upon the laboratory list. The terms used for marking are "positive" and "negative." All slides are stored in a special cabinet twenty days. Every case whose sputum shows tubercle bacilli, and every case which the attending physician wishes to be considered as tuberculosis despite absence of tubercle bacilli, are reported to the proper Borough office on a tuberculosis tally card (Form 126 L).



All slips, on completion of the examination reporting of results are forwarded to the various offices, where they are filed in special envelopes (Form 138 L).

TYPHOID FEVER.

THE WIDAL REACTION.

Sec. 197. The Widal outfit consists of the following articles: A clean glass slide, in a wooden slide box closed with a rubber band; a slip giving instructions for obtaining the specimen (Form 106 L) for all necessary data; and a circular of information regarding treatment for typhoid fever, the importance of the disinfection of urine, etc. (Form 34 L). The whole outfit is enclosed in an envelope directed to the Disease Laboratory. Specimens come by mail as well as from collector.

Sec. 198. The dried blood, diluted 1-40, is used in the reaction. A fresh bouillon culture of the typhoid bacillus is prepared every night. On the following morning this culture is tested for its motility and reaction to a known typhoid blood.

The following system of indicating results of the reaction is used: "positive"—a complete reaction within thirty minutes; "negative"—no reaction within the same time limit; "partial"—partial clumping and partial loss of motility of bacilli. Written reports (Form 40 L) are sent to the attending physician. Results are telephoned from "laboratory" lists, on which are given telephone numbers and names of physicians; slips are filed in Borough offices in special envelopes (Form 138 L).

EHRLICH'S DIAZO REACTION.

Sec. 199. The outfit consists of a stoppered glass vial; a slip for data (Form 159 L); and a circular of information (Form 34 L)—the whole enclosed in a screw-topped wooden box.

Sec. 200. Presence or absence of the reaction is determined as follows: equal parts of the suspected urine are mixed with the following reagent—saturated solution of sulphanilic acid in 5% hydrochloric acid, 40 parts; 0.5% solution sodium nitrite, 1 part—and the whole well shaken. On the addition of a few drops of ammonia a brilliant rose-pink color appears when the reaction is present. The twelve hours' sediment is also characteristic, consisting of a dirty gray lower layer and a narrow dark olive green upper layer. The result is stated on the slip as "positive," "negative," or "doubtful." In all positive cases, the reaction tube is kept over night to determine the presence or absence of the typical sediment. Results are reported and filed as in the case of Widal specimens. Report blank (Form 161 L); filing envelope (Form 160 L).

All typhoid specimens, bottles, slides and tubes are disinfected in 1 to 20 carbolic acid on completion of examination.

Sec. 201. With each written report is sent a copy of the circular, "How to Avoid the Contraction and Prevent the Spread of Typhoid Fever" (Form 178 L), with the request that the attending physician give it or equivalent instructions to the family of the patient.

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MALARIA.

Sec. 202. Outfit consists of two glass slides, in a slide box; a surgical needle; a slip (Form 166 L), for data giving all instructions for obtaining specimens; and a circular of information regarding malaria (Form 33 L).

A modified Nocht-Romanowsky method of staining the blood is used. Results of examinations are marked on slip, and reported to physicians by telephone and mail, as in the case of typhoid fever. Report blank (Form 165 L), filing envelope (Form 167 L).

CEREBRO-SPINAL MENINGITIS.

Sec. 203. Outfit consists of a well-corked sterile glass vial, slip (Form 188 L), and circular of information (Form 196 L), all enclosed in a wooden screw-topped box. Specimens are stained with Loeffler's methylene blue and by Gram's method. The presence or absence of meningococci is reported to the physician by telephone and mail, as in the case of typhoid fever. Report blank (Form 187 L), filing envelope (Form 186 L).

GONORRHOEA.

Sec. 204. Outfit consists of two glass slides in a wooden slide case, closed with a rubber band; and a slip (Form L) for all necessary data giving full instructions for obtaining specimen. Each slip is stamped with a running number (beginning each January 1st) according to which the specimen is filed and indexed. The name and address of the patient are not asked for.

Specimens are stained with Loeffler's methylene blue solution and by Gram's method. Only specimens showing typical biscuit-shaped Gram negative intracellular diplococci are reported as positive. Report blank (Form — L), filing envelope (Form — L).

GLANDERS.

Sec. 205. OUTFIT.—Small glass tubes for collecting a few c. c. of the blood of horses suspected of being infected with glanders are supplied to veterinarians of the Department of Health and others. A blank (Form 122 L), for data regarding the horse, stable, etc., is also furnished. Such a blank properly filled out, must accompany each specimen. The serum agglutination reaction by the microscopic method is the one used. Four dilutions of the blood of the suspected horse are made as "hanging drops." The latter contain beside the diluted serum a drop of a glycerine broth culture of the glanders bacillus incubated over night at a temperature of 37 degrees C. This culture is heated for one minute at 60 degrees C. before the drops are made. The dilutions are as follows: 1-500, 1-1,000, 1-2,000, and 1-5,000. The hanging drop preparations are allowed to stand over night, and are then examined under the microscope on the next morning. Complete clumping of the glanders bacilli by a serum dilution of 1-5,000 is reported as very suggestive of glanders infection; by dilutions of 1-2,000 and 1-1,000 as suspicious; while clumping in a dilution of 1-500 is not regarded as showing any evidence of glanders infection.

Reports are sent to Department veterinarians and others on a special report blank (Form 260 L).



The slips are filed in special envelopes (Form 205 L). The results of all examinations are also reported in a list to the Division of Contagious Diseases.

COLLECTION OF SPECIMENS AND SUPERVISION OF SUPPLY STATIONS.

Sec. 206. Various pharmacies throughout York City keep on hand culture tubes, diagnostic outfits and diphtheria antitoxin and vaccine, supplied by the Department of Health. These pharmacies are known as "supply stations." A full description of these outfits and the various grades of anti-toxin, together with a full list of supply stations, is given in the circular entitled "Work and Products of the Bureau of Diagnosis, Research and Vaccine Laboratories" (Circular 105 L). A list of the supply stations in condense form is also given in a booklet (Form 206 L).

These supply stations are of two kinds:

(a) "Regular stations," which are visited daily by collectors and supplied directly by them (in all cases).

(b) "Sub-stations," which obtain supplies on requisition (Form 148 L), forwarded by mail in direct envelope furnished for the purpose, or through regular stations, and which deliver specimens daily to the regular stations before the collector calls. All stations are visited at least once a month by the mobile supply wagon of the Department of Health, the stock of supplies inspected and replenished.

All requisitions after they are filled are stamped with the date and initials of the employee who filled up the order. They are then filed for reference.

Supply stations are established on application in writing to the Diagnosis Laboratory. Agreements relating to the care of the stations must be signed in duplicate (Form 15 L).

A card index (Form 120 L) of all stations is kept. This index records stock of every station on hand at each monthly visit and complaints received regarding each station.

The location and character of all supply stations are indicated upon maps of the different Boroughs by means of colored tacks.

Sec. 207. Supplies carried by regular stations (minimum) :

Culture tubes	2	Dozen
Swabs	2	Dozen
Culture envelopes	2	Dozen
Typhoid outfits (Widal).....	1	Dozen
Typhoid outfits (Diaz).....	1	Dozen
Meningitis and malaria outfits, each	$\frac{1}{2}$	Dozen
Gonococcus outfits	$\frac{1}{2}$	Dozen
Primary diphtheria blanks (Form 21 L)	5	Dozen
Later diphtheria blanks (Form 26 L).	5	Dozen
Sputum jars	3	Dozen
Sputum blanks (Form 38 L).....	5	Dozen
Antitoxin	6	Bottles
Vaccine	10	Tubes

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The blanks for Widal, Diazo, malaria and gonococcus specimens accompany each outfit.

Supplies carried by sub-stations (minimum) :

Culture tubes.....	10
Swabs	10
Culture envelopes.....	10
Sputum jars	10
Typhoid outfits (Widal).....	6
Typhoid outfits (Diazo).....	6
Meningitis and malaria outfits, each.....	4
Gonococcus outfits	2
Primary diphtheria blanks (Form 21 L).....	10
Later diphtheria blanks (Form 26 L).....	10
Sputum blanks (Form 38 L).....	10
Antitoxin	6 Bottles
Vaccine	10 Tubes

The proprietors of sub-stations agree in writing Form 15 L), to deliver all specimens to regular stations by an appointed time each day, and to send or packages of new supplies within 48 hours after notice has been received. Such notice is sent by postal card (Form 145 L).

REGULATIONS FOR COLLECTORS.

GENERAL, COVERING ALL BOROUGHS.

Sec. 208. Incubators, in which cultures may be placed at any hour, are maintained in all the Borough offices.

One collector in each Borough, on completing his round, is designated to mark each culture tube and its slip with a corresponding serial day number, to make out the "laboratory" and "culture" lists and place the tubes in the incubator. The typhoid, sputum and malaria specimens are placed in the boxes provided therefore. The urine specimens are placed in the ice chest.

When the collector places the culture tubes in the incubator at night he notes its temperature on diphtheria culture list (P. M. temp.....°), and again when he removes the cultures on the following morning (A. M. temp.....°).

In Brooklyn, Bronx, Queens and Richmond the collector also compares all diphtheria, malaria and typhoid slips with the Borough office records to see if any previous examination has been made. Every morning the collectors bring the tubes, slips and other specimens to the Diagnosis Laboratory in Manhattan, where they are examined.

Collectors must leave the Borough offices promptly and visit the supply stations according to schedule; in no instance is a station to be left *before* the scheduled time.

Each station is visited daily. The collector always carries the hand-bag furnished by the Department and a full stock of supplies. Telephoning to supply stations to ask if there is any necessity to call, is strictly forbidden under penalty of dismissal.

The stock of supplies in each station is to be carefully examined daily, especially the culture tubes, and

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all spoiled tubes must be replaced. If the number of other outfits is deficient, it must be made up to required amount.

If packages for sub-stations remain at the receiving stations more than forty-eight hours, this fact is reported to the Assistant Director of the Diagnostic Laboratory.

All carfare vouchers for the preceding month, correctly made out in duplicate and sworn to, are submitted to the Assistant Director of the Diagnostic Laboratory on the first day of the month (Form 244 L).

In Manhattan the collectors report at the Diagnostic Laboratory daily at 3.30 P. M., and put up all orders for supplies which may have been received during the day for their stations.

One collector in each Borough on his return from his rounds, collects all specimens which have been left in the cabinets located in the halls of the various Borough offices. Special attention must be paid to the collection of all fumigation orders left at the collecting stations by the inspectors of the Division of Contagious Diseases. These orders must be delivered to the proper officials in the Borough offices on the same night *immediately* after the return of the collector from their rounds. The collectors of Brooklyn, Bronx, Queens and Richmond report to the Diagnosis Laboratory with their specimens, as follows:

Brooklyn, diphtheria	8.00 A.M.
Bronx, all specimens	8.30 A.M.
Queens, all specimens.....	9.00 A.M.
Richmond, all specimens.....	8.45 A.M.

GENERAL RULES OF DIAGNOSIS LABORATORY.

Sec. 209. Only workers in the laboratory, collectors, cleaners and officers of the Division are allowed in the laboratory. All others must receive permission from the Chief of Division, or Assistant Director of the Laboratory.

All workers in the laboratory who have handled infected material of any kind, must thoroughly wash their hands with soap and water and rinse them in 1 to 1,000 bichloride solution, before leaving.

No waste paper, nor wrappings of packages, etc., are to be thrown on floor or desks. Baskets are provided.

All specimens must be sterilized as soon as possible after preparation of slides, etc.; sputum slips after dating and numbering at night.

All towels are to be kept in towel clips attached to desks.

All instruments and materials used must be put away neatly at the conclusion of the day's work and desks and glass slabs cleaned with 5% carbolic acid (using cheese cloth, not towels).

Each employee doing microscopical work is supplied with a microscope for his personal use. He is responsible for its condition, and when examinations are finished, must wipe oil from objective with lens paper (not towels), wipe off brass and lacquer, and replace instrument in his locker in the microscope cabinet, turning and removing the key. He must replace the key at his own expense, if lost.



The iron shutters must be closed at the end of each day's work.

White suits are sent to the laundry every Monday.

One bacteriological diagnostician must be constantly in the laboratory between 9 A. M. and 5 P. M.

There must always be a full stock of all outfit in the offices of the Divisions of Contagious and Communicable Diseases, in the boxes placed there for the purpose.

DAILY ROUTES.

Sec. 210.

Manhattan.

I. SUBWAY ROUTE.

Buck	B'way & 226th St. (Kingsbridge)	
Hegeman	St. Nicholas Ave. & 180th St.	
Halper.....	Broadway & 156th St.....	
Halper.....	Broadway & 144th St.....	
Dorb	Broadway & 127th St.....	
Laselle	Broadway & 110th St.....	
Kerley	Broadway & 102d St.....	
Rieck	Broadway & 91st St.....	
Hegeman	Broadway & 80th St.....	
Pond, Bowes &		
Cartwright	Broadway & 70th St.....	
Circle Pharmacy ...	Broadway & 59th St.....	
Hegeman	B'way & 42d St. (Times Sq.)	
Schoonmaker	Park Ave. & 42d St.....	
Reeder Bros.....	4th Ave. & 33rd St.....	
Bugoe.....	4th Ave. & 29th St.,.....	

P. M.

Kalish	4th Ave. & 23d St.....	5:25
Watling	114 University Pl. (13th St.)	5:35
Department of		
Health	55th St. & 6th Ave.....	6:00

NINTH AVENUE ROUTE.

Raub	St. Nicholas Ave. & 145th St.	4:00
Molwitz	8th Ave. & 144th St.....	4:00
Rawlins	8th Ave. & 135th St.....	4:05
Hegeman	8th Ave. & 125th St.....	4:10
James	8th Ave. & 113th St.....	4:15
Reed	Columbus Ave. & 104th St..	4:20
Higinbotham	Columbus Ave. & 92d St....	4:25
Spangenberg	Columbus Ave. & 82d St....	4:30
Bauer	Columbus Ave. & 69th St....	4:40
Dougan & Merritt..	Columbus Ave. & 61st St....	4:45
Roosevelt Hospital..	Columbus Ave. & 59th St....	4:50
James	8th Ave. & 44th St.....	5:00
Department of		
Health Tuber-		
osis Clinic.....	448 W. 34th St.....	5:05
Blomeier	9th Ave. & 34th St.....	5:10
Golding	9th Ave. & 22d St.....	5:20
Bender	9th Ave. & 14th St.....	5:25
Flower	Hudson & Barrow Sts.....	5:35
Knapp	Hudson & King Sts.....	5:40
Herzenberg	40 Grand St., nr. W. B'way	5:50
Marquet	W. B'way & Bleecker St....	5:55
Bigelow	6th Ave. & 8th St.....	6:00
Department of		
Health	55th St. & 6th Ave.....	6:20

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LENOX, MADISON & SIXTH AVENUE ROU

Robbins Lenox Ave. & 137th St..
Hegeman 7th Ave. & 125th St....
Diamond Lenox Ave. & 114th St
Perla Madison Ave. & 109th St
Mt. Sinai Dispensary. Madison Ave. & 100th S
Simetz Madison Ave. & 97th St
Krehbiel Madison Ave. & 87th St
Cassebeer Madison Ave. & 75th St
Timmermann Park Ave. & 65th St....
Kalish Madison Ave. & 59th St
Larimore Madison Ave. & 53d St.
Boedicker 6th Ave. & 54th St.....
Munch Protzman... 6th Ave. & 39th St....
Riker 6th Ave. & 23d St....
Department of
Health 55th St. & 6th Ave.....

THIRD AVENUE ROUTE.

Department of
Health Tuber-
culosis Clinic.....339 E. 109th St.....
BaldwinMadison Ave. & 131st St.
Miner 125th St., nr. Lexington A
Stephenson 117th St. & Lexington Av
Trau..... 116th St. & 3d Ave.....
Aronstamn 3d Ave. & 105th St.....
Frohwein 3d Ave. & 91st St.....
Lascoff Lexington Ave. & 83d St.
Baddour 3d Ave. & 77th St.....
Zinckgraf 3d Ave. & 67th St.....
Nauheim Lexington Ave. & 59th S
Schaub 3d Ave. & 52d St.....

P. M.

Bohmfolk	3d Ave. & 42d St.....	5:05
Suchy	3d Ave. & 34th St.....	5:10
Keating.....	3d Ave. & 29th St.....	5:10
Sultan	3d Ave. & 23d St.....	5:15
Gregorius	1st Ave. & 15th St.....	5:25
Nemser	1st Ave. & 5th St.....	5:30
Weiss	2d Ave. & 9th St.....	5:35
Walters	2d Ave. & 13th St.....	5:40
Department of		
Health	55th St. & 6th Ave.....	6:00

LOWER EAST SIDE ROUTE.

Department of

Health Tuber-

Culosis Clinic.....	426 1st Ave.....	3:45
Muellenbach	4th Ave. & Astor Pl.....	4:00
Pugliese	E. Houston & Mott Sts.....	4:05
Miner	Spring St. & Bowery.....	4:10
La Pinto.....	Grand & Mott Sts.....	4:15
Hegeman & Co.....	Broadway & Fulton St.....	4:25
Reid, Yeoman &		
Cubid	140 Nassau St.....	4:30
Guarini & Candela...	21 New Bowery.....	4:40
Lipset	Henry & Pike Sts.....	4:45
Mamelok	220 E. Broadway.....	4:50
Decker	Broome & Cannon Sts.....	5:00
Walker	Broome & Ludlow Sts.....	5:10
Goldberg	E. Houston & Clinton.....	5:15
Goldblatt	E. Houston & Cannon.....	5:25
Robinson	10th St. & Ave. C.....	5:35
Lewin	13th St. & Ave. A.....	5:40

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SUNDAY AND HOLIDAY ROUTES.

Borough of Manhattan.

I. WEST.

	P.
Hegeman	180th St. & St. Nich. Ave....
Halper	Broadway & 156th St.....
Dorb	Broadway & 127th St.....
Laselle	Broadway & 110th St.....
Reed	Columbus Ave. & 104th St....
Spangenberg	Columbus Ave. & 82d St....
Bauer	Columbus Ave. & 69th St....
Dougan & Merritt...	Columbus Ave. & 61st St....
James	8th Ave. & 44th St.....
Golding	9th Ave. & 22d St.....
Knapp	Hudson & King Sts.....
Herzenberg	Grand St., nr. W. B'way....
Bigelow	6th Ave. & 8th St.....
Riker	6th Ave. & 23d St.....
Department of Health	55th St. & 6th Ave.....

II. EAST.

Raub	St. Nich. Ave. & 145th St....
Rawlins	8th Ave. & 135th St.....
Hegeman	8th Ave. & 125th St.....
Hegeman	7th Ave. & 125th St.....
Miner	125th St., nr. Park Ave.....
Stephenson.....	Lexington Ave. & 117th St..
Trau.....	3d Ave. & 116th St.....
Aronstamm	3d Ave. & 105th St.....
Lascoff	83d St. & Lexington Ave....
Zinckgraf	3d Ave. & 67th St.....
Nauheim	59th St. & Lexington Ave....

	P. M.
Kalish	Madison Ave. & 59th St.....4:05
Larrimore	Madison Ave. & 53d St.....4:10
Schoonmaker	42d St., nr. Park Ave.....4:15
Reeder	4th Ave. & 133rd St.....4:20
Kalish	4th Ave. & 23d St.....4:25
Miner	Spring & Bowery.....4:35
Mamelok	E. B'way & Clinton St.....4:45
Goldblatt	E. Houston & Cannon Sts....4:55
Walter	2d Ave. & 13th St.....5:05
Department of	
Health	55th St. & 6th Ave.....5:20

**Sec. 211. COLLECTING ROUTES IN BRONX
BOROUGH.**

I. WEST.

	P. M.
Department of	
Health Tuber-	
culosis Clinic	493 E. 139th St.....4:00
Picker	138th St. & Brown Pl.....4:05
Pitarro.....	590 Morris Ave., bet. 150th & 151st Sts.....4:10
Wurm	Morris Ave. & 162d St.....4:25
Treutler	Jerome Ave. & 167th St....4:40
Rosenbaum	Fordham Rd. & Jerome Ave.4:55
Jones	Fordham Rd. & Webster Ave.5:05
Kinnenger	Webster Ave. & 200th St..5:15
Fincke	White Plains Ave. & Gun Hill Rd. ....5:25
Miller	Tremont & Park Aves.....5:45
Bronx Office, Dept. of	
Health	3d Ave. & St. Paul's Pl....5:55

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II. EAST.

	P.
Pierson	2 Westchester Sq.....4:
Miller	Boston Rd. & Tremont Ave..4:
Harass	Hoe & Freeman Sts.....4:
Flood	Fox St. & Westchester Ave.4:
Rothman	Westchester Ave. & Tinton Ave. ....4:
Goldwater	3d Ave. & 142d St.....5:
Hegeman	3d Ave. & 149th St.....5:
Sames	3d Ave. & 161st St.....5:
Wernert	1272 Boston Rd. (McKinley Sq.) .....5:
Huether	3d Ave. & 169th St.....5:
Bronx Office, Depart- ment of Health...St. Paul's Pl. & 3d Ave.....5:	

SUNDAY ROUTE.

Borough of The Bronx.

Miller	Park & Tremont Aves.....3:
Rosenbaum	Fordham Rd. & Jerome Ave.4:
Jones	Fordham Rd. & Webster Ave.4:
Fincke	Gun Hill Rd. & White Plains Ave. ....4:
Pierson	Westchester Sq.....4:
Miller.....	Boston Rd. & Tremont Ave.5:
Flood	Fox St. & Westchester Ave.5:
Rothman	Tinton & Westchester Aves..5:
Hegeman	149th St. & 3d Ave.....5:
Sames	161st St. & 3d Ave.....5:
Huether	169th St. & 3d Ave.....5:
Bronx Office, Depart- ment of Health...3d Ave. & St. Paul's Pl....6:	

COLLECTORS' WEEKDAY ROUTES.

Sec. 212. *Borough of Brooklyn.*

ROUTE No. 1.

	P. M.
Gimbernat	99th St. & 4th Ave.....4:00
Whitley	91st St. & 3d Ave.....4:05
Wolf	69th St. & 3d Ave.....4:10
Osborn	55th St. & 3d Ave.....4:20
Osborn	46th St. & 3d Ave.....4:25
Cantor	337 Van Brunt St.....4:45
Weisbeck	Carroll & Henry Sts.....4:55
Nehrbas.....	316 Court St.....5:00
Reid	300 Clinton St.....5:05
Heydenreich	167 Atlantic Ave.....5:15
Lamb	84 Court St.....5:20
Riker	264 Fulton St.....5:25
Reid	135 Sands St.....5:35
Department of	
Health	Fleet & Willoughby Sts....5:45

ROUTE No. 2.

Hammond	72d St. & 13th Ave.....4:00
Neander	86th St. & 18th Ave.....4:10
McNickel	2057 86th St.....4:15
Lawler	1401 60th St. (14th Ave.)..4:25
Falke Bros.	53d St. & 13th Ave.....4:30
Logan	4404 Ft. Hamilton Ave.....4:40
Spamer	39th St. & Ft. Hamilton Ave.4:50
Hall & Co.	650 5th Ave.....5:10
Osborn	11th St. & 5th Ave.....5:20
Abramson Drug Co. President St. & 5th Ave....	5:30
Department of	
Health	Fleet & Willoughby Sts....5:40

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ROUTE No. 3.

P. M.

Preager	782 Gravesend Ave.....	4:00
Reilly	Gravesend Ave. & Neck Rd..	4:15
Reiss	310 Neptune Ave, Coney Isl-	
	and	4:25
Endress	E 14th St. & Kings Highway	4:40
Burrows	1043 Coney Island Ave.....	4:45
Ryer.....	Coney Island Ave. & Cortel-	
	you Rd.	4:50
Raymow	Beverly Rd. & Coney Island	
	Ave.	4:55
Schmidt	E. 5th St. & Ft. Hamilton	
	Ave.	5:10
Simmons	15th St. & 7th Ave.....	5:20
Paulsen	9th St. & 7th Ave.....	5:30
Department of		
Health	Fleet & Willoughby Sts....	5:45

ROUTE No. 4.

Dilberger	540 Flatbush Ave.....	4:00
Cutler	883 Flatbush Ave.....	4:05
Fuchs	1098 Flatbush Ave.....	4:15
Hunter	1538 Flatbush Ave.....	4:25
Rappaport	1733 Nostrand Ave.....	4:35
Hoberg	1292-94 Nostrand Ave.....	4:45
Zimmerman	452 Rogers Ave.....	4:55
Bancroft	712 Nostrand Ave.....	5:10
Bancroft	Bergen St. & Franklin Ave.	5:15
Wilson	6th & Flatbush Aves.....	5:25
Vinnicombe	44 Flatbush Ave.....	5:35
Department of		
Health	Fleet & Willoughby Sts....	5:40

ROUTE No. 5.

	P. M.
Quasman	Fulton St. & Crescent Ave..4:00
Fagan	3079 Fulton St.....4:05
Kempf	2789 Atlantic Ave.....4:15
Werner	2592 Atlantic Ave.....4:20
Brownsville Tuber-	
Clinic, Depart-	
ment of Health...Bradford St. & Sutter Ave..3:45	
Hirshman	Pitkin Ave. & Ames St.....4:40
Benjamin	Fulton St. & Rockaway Ave..4:50
Balzheiser.....	2040 Fulton St.....5:00
Rohrer Drug Co....	Sumner Ave. & Decatur St..5:10
Cadman	Tompkins Ave. & Fulton St..5:15
Pfister & Setterly...	1293 Fulton St.....5:20
Mulkosky	Fulton St. & Washington
	Ave. .....5:30
Marsland	19 Greene Ave.....5:35
Department of	
Health	Fleet & Willoughby Sts.....5:45

ROUTE No. 6.

Germantown Tuber-	
culosis Clinic, De-	
partment of	
Health	18 Bleecker St.....3:45
Wesek	Wyckoff & Myrtle Aves....4:00
Claassen	Myrtle & Knickerbocker
	Aves. .....4:05
Kline	Palmetto St. & Central Ave.4:10
Heimerzheim	567 Central Ave.....4:15
Merritt	Broadway & Halsey St.....4:20
Huel	Broadway & Gates Ave.....4:30

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P. M.

Zellhofer	Ralph Ave. & Halsey St....	4:35
Settle	895 Gates Ave.....	4:40
Hayden	1189 Broadway.....	4:50
Scheidt	969 Broadway.....	5:00
Hicks	Bedford & Myrtle Aves....	5:15
Klopsch	Cumberland St. & Myrtle Ave.	5:25
Department of Health	Fleet & Willoughby Sts....	5:35

ROUTE No. 7.

Boat Clinic of Depart-

ment of Health...No. 2d St., East River....	4:00	
W'msburg Drug Co...So. 4th St. & Bedford Ave..	4:05	
Vossler & Hauck...No. 6th St. & Driggs Ave...	4:10	
Opper	937 Manhattan Ave.....	4:20
Lawrence	764 Manhattan Ave.....	4:25
Ahlborn	239 Nassau Ave.....	4:30
Wolf	209 Meeker Ave.....	4:35
Hammer	Graham Ave. & Richardson St.	4:40
Wilson & Israelson. 184 Graham Ave.....	4:45	
Gluckman Bros. ....456 Bushwick Ave.....	4:50	
Kempf	Broadway & Lorimer St....	4:55
Wenzel Co. ....384 Broadway	5:00	
Diehl Bros. 644 Bedford Ave.....	5:10	

Department of

HealthFleet & Willoughby Sts....5:25

COLLECTORS' SUNDAY AND HOLIDAY ROUTES.

Borough of Brooklyn.

ROUTE NO. 1.—NORTH OF FULTON STREET.

	P. M.
W'msburg Drug Co....No. 4th St. & Bedford Ave.	4:00
Lawrence	764 Manhattan Ave.....
Hammer	Graham Ave. & Richardson
	St.
Scheidt	969 Broadway
Huel	Broadway & Gates Ave.....
Werner	2592 Atlantic Ave.....
Balzheiser.....	2040 Fulton St.....
Pfister & Setterley...1293 Fulton St.....	5:00
Department of	
Health	Fleet & Willoughby St.....
	5:2

ROUTE NO. 2.—SOUTH OF FULTON STREET.

Osborn	55th St. & 3d Ave.....
Wolf	69th St. & 3d Ave.....
Neander	86th St. & 18th Ave.....
Spamer	39th St. & Ft. Hamilton Ave.
Raymow	Beverly Rd. & Coney Island
	Ave.
Cutler	Church & Flatbush Aves...
Dilberger	540 Flatbush Ave.....
Wilson	6th Ave. & Flatbush Ave..
Department of	
Health	Fleet & Willoughby Sts....
	5:3

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Sec. 213. *Borough of Queens.*

ROUTE No. 1.—NORTH.

	P. M.
Niemeyer	316-18 13th St., College Point 2:30
Lahey	87 Main St., Flushing 2:55
Hepburn	103 Main St., Flushing 3:00
Leo	203 Corona Ave., Corona Heights 3:20
Sloane	Corona 3:35
Spaeth	Elmhurst 3:50
Zrubek	Lenox & Woodside Ave., Win- field 4:05
Johnston	5th St., nr. L. I. R. R., Wood- side 4:20
Tewes.....	Broadway & Steinway Ave., Astoria 4:40
Collins	433 Steinway Ave., nr. Grand Ave., Astoria 4:45
Reilly	31 Flushing Ave., cor. Hallet St., Astoria 5:05
Cabeen	436 Jackson Ave., cor. Skill- man, L. I. C. 5:25
Schnitzler	10 Jackson Ave. (6th St.), L. I. C. 5:40
Borough Office, Department of Health	Fulton St., Jamaica 6:30

ROUTE No. 2.—SOUTH.

Lowe Brothers	Central Ave., Far Rockaway 1:30
Broadman	Maspeth & Clermont Aves., Maspeth 3:30
Schmidt	Cypress Ave. & Ralph St., Ridgewood 3:55

P. M.

Lentz	1698 Myrtle Ave., cor. George St., Evergreen.....	4:20
Schmidt	1180 Jamaica Ave., cor Suy- dam St., Woodhaven.....	5:05
Goldman	3401 Jamaica Ave., Richmond Hill	5:30
Leavy.....	Jamaica Ave., cor. Lefferts St., Richmond Hill.....	5:40
Weiss	306 Fulton St., Jamaica....	6:00
Borough Office, Department of Health	Fulton St., Jamaica.....	6:10

SUNDAY AND HOLIDAY ROUTE.

Borough of Queens.

Hepburn	Flushing, 103 Main St.....	2:30
Lahey	Flushing, 87 Main St.....	2:35
Sloane.....	Corona	2:55
Spaeth	Elmhurst	3:10
Zrubek	Winfield, Lenox & Woodside Aves.	3:20
Johnston	Woodside, 5th Ave., near L. I. R. R.....	3:30
Cabeen	L. I. City, 436 Jackson Ave.	3:55
Schnitzler	L. I. City, 10 Jackson Ave..	4:05
Schmidt	Ridgewood, Cypress Ave. & Ralph St.	4:45
Lentz	Evergreen, Myrtle Ave., cor. George St.	4:55

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P. M.

Leavy.....	Richmond Hill, Jamaica Ave., cor. Lefferts St.....	5:20
Weiss	Jamaica, 306 Fulton St.....	5:35
Borough Office, Department of Health.....	Fulton St., Jamaica.....	5:40

Sec. 214. *Borough of Richmond,*

Herbert J. Lenz.....	Rosebank	3:00
James Feemy.....	Stapleton	3:15
Gustav Schwab.....	Tompkinsville	3:30
Hill	New Brighton	3:50
DeHart	Mariner's Harbor	4:20
Fred. W. Kerr.....	Port Richmond	4:35
F. E. V. Brandenberg	New Dorp	5:15
Borough Office, Department of Health.....	Bay St., cor. Sand St.....	6:00

Sec. 215. List of blanks, circulars, etc., issued by
the Division of Communicable Diseases:

(Missing numbers no longer in use).

- 1 L. Leaflet—Work of Diagnosis Laboratory.
- 2 L. Book—Handbook of Help for Persons Suffering from Pulmonary Tuberculosis.
- 3 L. Blank—Inspectors' and Nurses' Special Report.
- 5 L. Card—Notice to Return to Clinic for Special Purpose.
- 6 L. Blank—Diphtheria Culture List.
- 7 L. Card—Clinic Admission.

- 8 L. Circular—The Associations of Tuberculosis Clinics.
- 9 L. Leaflet—Regulations Regarding Reporting Cases of Tuberculosis.
- 11 L. Card—Report to Borough Office of Result of Examination in Diagnosis Laboratory.
- 12 L. Blank—Notice of Park Stereopticon Exhibitions, English.
- 13 L. Blank—Weekly Report of Division.
- 14 L. Envelope—Typhoid Filing.
- 15 L. Blank—Supply Station Agreement.
- 16 L. Card—Acknowledgment of Reports of Communicable Diseases. (To Physician.)
- 18 L. Folder—Clinic Reference.
- 21 L. Blank—Primary Diphtheria Slip.
- 22 L. Blank—Primary Positive Diphtheria Report.
- 23 L. Circular—Information for Consumptives (German).
- 24 L. Blank—Primary Negative Diphtheria Report.
- 25 L. Letter—Deaths from Tuberculosis Not Previously Reported During Life.
- 26 L. Blank—Secondary Diphtheria Slip.
- 28 L. Blank—Hospital Diphtheria Culture List.
- 29 L. Tuberculosis Folder (Spanish).
- 30 L. Envelope—Diphtheria Filing.
- 31 L. Card—For Visitors to Riverside Hospital.
- 32 L. Blank—Hospital Admission Card.
- 33 L. Circular—Mosquitoes and Malaria.
- 34 L. Circular—Widal Test for Typhoid Fever.
- 35 L. Circular—Information for Consumptives (Italian).
- 36 L. Circular—Information for Consumptives (Yiddish).

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To avoid fine, this book should be returned on
or before the date last stamped below.

- 37 L. Circular—Information for Consumptives (Bohemian).
- 38 L. Blank—Sputum Slip.
- 39 L. Blank—Negative Sputum Report.
- 40 L. Blank—Widal Test Report.
- 41 L. Blank—Notice of Park Stereopticon Exhibitions (Yiddish).
- 42 L. Card—Reference to Hospitals, etc.
- 43 L. Card—Tuberculosis Case Record.
- 44 L. Card—Tuberculosis Case History.
- 45 L. Card—Requesting Name and Address of Patient (Sputum).
- 46 L. Blank—Notice of Park Stereopticon Exhibitions (Italian).
- 47 L. Blank—Original Complaint (Renovation Order).
- 48 L. Card—For Reference of Patients to Tuberculosis Clinics.
- 50 L. Tuberculosis Folder (Armenian).
- 53 L. Card—Pneumonia History.
- 56 L. Blank—Later Negative Diphtheria Report.
- 57 L. Blank—Later Positive Diphtheria Report.
- 60 L. Circular—Information Regarding Tuberculosis Clinics.
- 61 L. Card—Cerebro-spinal Meningitis History.
- 64 L. Blank—Report of Case of Tuberculosis for Forelible Removal.
- 65 L. Card—Discharged from Sanatorium.
- 66 L. Circular—The Sanitary Supervision of Tuberculosis by the Department of Health.
- 67 L. Blank—Letter Requesting Physicians for Typhoid Fever History.
- 68 L. Card—Clinic, Later History.
- 71 L. Card—Reference to Otisville Sanatorium.

- 73 L. Circular—Information for Consumptives (Finnish).
- 74 L. Clinic Prescription Blanks.
- 75 L. Circular—Importance of Early Diagnosis of Tuberculosis.
- 76 L. Circular—Information Regarding Diphtheria.
- 77 L. Envelope—Clinic History Card.
- 78 L. Blank—Daily Death List of Communicable Diseases.
- 81 L. Postal—Recommendation of Case of Tuberculosis to Hospital, Charitable Societies, etc.
- 82 L. Blank—Daily Report of Cases of Communicable Diseases for Printed School List.
- 83 L. Card—Recommendation for Exclusion from School.
- 85 L. Envelope—For Otisville Reference Card.
- 91 L. Envelope—Large Manila, Addressed to Division of Communicable Diseases.
- 92 L. Envelope—Small Manila for Clinic Admission Cards.
- 93 L. Card—Record of Antitoxin Injections.
- 95 L. Card—Tuberculosis House Record.
- 96 L. Blank—Clinic Urine Report.
- 97 L. Blank—Report of Positive Sputum Examination.
- 98 L. Blank—Nurses Weekly Report Record, Loose Leaf.
- 99 L. Card—Tuberculosis Clinic Throat History.
- 100 L. Envelope—Small, Department, Addressed.
- 102 L. Blank—Borough Weekly Report Record, First Sheet, Loose Leaf.
- 103 L. Blank—Diagnosis Laboratory Weekly Report Record, First Sheet, Loose Leaf.

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To avoid fine, this book should be returned on
or before the date last stamped below.

- 104 L. Card—Clinic Primary History.
- 105 L. Circular—Work and Products of Laboratories
of Department of Health.
- 106 L. Blank—Typhoid Fever Widal Test Slip.
- 107 L. Tuberculosis Folder (Finnish).
- 108 L. Card—Inspectors Daily Report.
- 109 L. Envelope—Hospital Admission Bureau Rec-
ord.
- 110 L. Card—Hospital Admission Bureau Record.
- 111 L. Blank—Diagnosis Laboratory Weekly Report,
Record, Second Sheet, Loose Leaf.
- 112 L. Blank—Clinic Weekly Report Record, Loose
Leaf.
- 113 L. Paster—Tuberculosis: Disinfection.
- 114 L. Envelope—Large—Department, Addressed.
- 115 L. Envelope—Record of Printed Forms.
- 116 L. Blank—Borough Weekly Report Record, Sec-
ond Sheet, Loose Leaf.
- 117 L. Blank—Hospital Admission Bureau Weekly
Report Record. Loose Leaf.
- 118 L. Envelope—Record of Bills and Requisitions.
- 119 L. Blank—Record of Changes in the Service.
Loose Leaf.
- 120 L. Card—Supply Station Record.
- 121 L. Postal—Information About Horses, Glanders.
- 122 L. Blank—Glanders Outfit Slip.
- 123 L. Book—What We Should Know About Tu-
berculosis.
- 124 L. Blank—Inspector's Weekly Report Record.
Loose Leaf.
- 126 L. Card—Tuberculosis Tally.
- 127 L. Card—Reference to Boat Camps.
- 128 L. Card—To Call at Executive Office of Tu-
berculosis Clinics.

- 129 L. Card—Acknowledgment of Report of Case of Typhoid Fever or Meningitis.
- 130 L. Circular—For Distribution to Violators of the Law Against Spitting.
- 131 L. Leaflet—Prevention of Malarial Fever.
- 132 L. Blank—Clinic Drug Inventory, Loose Leaf.
- 133 L. Circular—Information for Consumptives (Polish).
- 134 L. Circular—Information for Consumptives (Slovak).
- 135 L. Circular—Information for Consumptives (Ruthenian).
- 136 L. Card—Abortion and Puerperal Septicaemia History.
- 138 L. Envelope—Sputum Filing.
- 139 L. Circular—Advice for Patients (German) ; Tuberculosis Clinic.
- 140 L. Card—Private Physician, Later Tuberculosis Report Card.
- 141 L. Card—Association of Tuberculosis Clinics Reference Card.
- 142 L. Superintendent of Nurses' Weekly Report.
- 143 L. Envelope—Widal Outfit.
- 145 L. Postal—Druggist's Station Supplies.
- 146 L. Postal—Physician's Report of an Infectious Disease.
- 147 L. Circular—Advice for Patients (Yiddish) ; Tuberculosis Clinic.
- 148 L. Card—Druggist's Requisition for Station Supplies.
- 149 L. Card—Tuberculosis Clinic House Card.
- 155 L. Circular—Advice for Patients (Italian) : Tuberculosis Clinic.
- 156 L. Blank—Clinic Weekly Report.

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- 158 L. Card—Physician's Report on Transferred Case.
- 159 L. Blank—Typhoid Diazo Slip.
- 160 L. Envelope—Typhoid Diazo Filing.
- 161 L. Blank—Typhoid Diazo Report.
- 162 L. Circular—Information for Consumptives (Chinese).
- 163 L. Circular—Prevention of Malaria.
- 165 L. Blank—Malaria Report.
- 166 L. Blank—Malaria Slip.
- 167 L. Envelope—Malaria Filing.
- 172 L.—Circular—Advice for Patients (English) : Tuberculosis Clinic.
- 173 L. Letter—Leaky Sputum Specimen.
- 175 L. Card—History of Fatal Case of Malaria.
- 176 L. Leaflet—Rules for Sweeping (German).
- 177 L. Leaflet—Rules for Sweeping (Italian).
- 178 L. Card—Prevention of Typhoid Fever.
- 180 L. Card—Hospital Typhoid Record.
- 183 L. Blank—Communicable Diseases; Ward List.
- 184 L. Card—Typhoid History.
- 185 L. Blank—Daily Report of Communicable Diseases and Report of Division.
- 186 L. Envelope—Meningitis Filing.
- 187 L. Blank—Meningitis Report.
- 188 L. Blank—Meningitis Slips.
- 192 L. Blank—Weekly Report, Assistant Director Diagnosis Laboratory.
- 193 L. Blank—Diagnosis Laboratory Daily Borough List.
- 195 L. Envelope—Diphtheria Culture Tube.
- 196 L. Circular—Meningitis Information.
- 197 L. Blank—Certification Slips for Bills.
- 198 L. Postal—Disinfection of Typhoid Bedding.

- 200 L. Leaflet—Rules for Sweeping (Yiddish).
- 201 L. Card—Clinical Laboratory Report (Urine etc.).
- 202 L. Handbook of Division of Communicable Diseases.
- 205 L. Card—Diphtheria Virulence Test.
- 206 L. Booklet—Directory of Supply Stations.
- 207 L. Card—Ray Brook Sanatorium Index.
- 208 L. Blank—Weekly Report—Tuberculosis Institutions—First Sheet.
- 209 L. Blank—Daily Report—Tuberculosis Institutions.
- 210 L. Card—Hospital Temperature Record Charts.
- 211 L. Card—Clinic Diagram Card.
- 212 L. Card—Clinic Sputum, etc.
- 214 L. Card—Otisville Sanatorium Waiting List.
- 218 L. Blank—Clinic Daily Journal, Loose Leaf.
- 226 L. Pamphlet—Administrative Control of Tuberculosis.
- 227 L. Blank—Notification of Acceptance for Otisville Sanatorium.
- 228 L. Blank—Delivery and Acceptance of Goods.
- 229 L. Circular—Warning Against Consumption Cures.
- 230 L. Blank—Weekly Report of Borough Chief.
- 231 L. Tuberculosis Folder (English).
- 232 L. Card—Fumigation.
- 236 L. Tuberculosis Folder (Swedish).
- 238 L. Tuberculosis Folder (Italian).
- 239 L. Tuberculosis Folder (Bohemian).
- 240 L. Tuberculosis Folder (German).
- 241 L. Tuberculosis Folder (Yiddish).
- 242 L. Card—Tuberculosis Clinic Name Index.
- 243 L. Blank—Carfare Bill Head.

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- 244 L. Blank—Carfare Bill, Second Sheet.
246 L. Pamphlet—Tuberculosis Catechism for School Children.
247 L. Blank—Request for Name of Physician (Sputum).
251 L. Statistical Tabulation Sheet—Diphtheria Antitoxin.
257 L. Blank—Weekly Report Tuberculosis Institutions of the Department of Health. Second Sheet.
258 L. Booklet—Formulary of the Tuberculosis Clinics of the Department of Health.
259 L. Card—Nurses' Daily Report.
261 L. Blank—Sanatoria and Clinic Sputum Slips.
262 L. Blank—Telephone Report to Division of Contagious Diseases, Case of Diphtheria.
265 L. Blank—Report—Unsatisfactory Later Diphtheria Culture.
5 L.L. Book—Fumigation Record.
19 L.L. Book—Tuberculosis Journal.
21 L.L. Book—Daily Journal of Borough Office of Communicable Diseases.
22 L.L. Book—Record of Diagnosis Laboratory Weekly Report.
23 L.L. Book—Hospital Tuberculosis Record.

Sec. 216. EXAMINATION OF CONVICTED PRISONERS IN THE WOMEN'S COURTS.—In accordance with the recently enacted law, establishing two courts for women in the City of New York, every prisoner in those courts convicted of vagrancy or violation of the statutes regarding prostitution, is forthwith examined by a woman physician of the Department of Health to determine whether she is suffering from any communicable

contagious, or infectious disease. Rooms for examinations have been fitted up at the Jefferson and Gates Avenue courts, and a competent man and a nurse are detailed to each court. When necessary, specimens are forwarded to the Diagnostic Laboratory to be examined for the presence of syphilis, gonococcus or spirochaeta pallida. The hours are: Jefferson Market Court, 8 P. M. to 3 A. M. daily; Gates Avenue Court, 9 A. M. to 4 P. M. week days, 10 A. M. to noon Saturdays, Sundays and holidays.

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N.Y. health.Div.of communi-
1910 cable diseases. 9241
Hand book.

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